Registered Municipal Clerk
RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL

Please complete the following certificate information:

Name (please print) _____ RMC No. _____ Exp. Date _____

Home Address: _____

Home Phone: _____ Work phone: _____ E-Mail: _____

As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.

Course No.	Date	Name of Seminar	Sponsor	Elections	Finance	Licensing	Records	Professional Development	Ethics	Information Tech. *(optional)*

Department of Community Affairs

CONTINUE ON OTHER SIDE

As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.

Course No.	Date	Name of Seminar	Sponsor	Elections	Finance	Licensing	Records	Professional Development	Ethics	Information Tech. *(optional)*
		Total Credit Hours								

Renewal requires completion of 20 contact hours of continuing education credit. Applicants for renewal must obtain a minimum of two (2) contact hours in each of the subject areas, except "Ethics", for which applicants must obtain a minimum of three (3) contact hours, and "Information Technology", which is an optional category.

Certification of Attendance:

I _____ *, RMC #* _____ *certify that I have attended the educational programs noted above which are required for the renewal of my registered municipal clerk certificate. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division of Local Government Services may request proof of my attendance at the above seminars anytime within six (6) months after the renewal date of my certification.*

PRINT NAME

Signature: _____ Date: _____

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for $50 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. Please contact the Division of Local Government Services at (609) 292-4656 if you have any questions concerning completion of the application.

APPLICATIONS SUBMITTED AFTER THE DATE OF EXPIRATION REQUIRE AN ADDITIONAL $50 FEE: N.J.S.A. 40A:9-133.15

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