



Champions For Effective Local Government

Certified Municipal Officials (CMO) Program

Request for Approval of Outside or Prior Credit

Date of Request: _____

Participant's Name: _____

Municipality: _____

Office or Position: _____

Address: _____

City/State/Zip: _____

Phone Number/E-mail: (____) _____ / _____

Name of Meeting or Session attended: _____

Location of Meeting or Session attended: _____

Date of Meeting or Session attended: _____

Hours of Meeting or Session attended: _____

Please be sure to include an agenda, sign-in sheet (or something similar) and any other documentation that might assist the committee in their decision with this form to ensure proper credit is given.

Signature: _____

Do not write in this box – for office use only.

Credit Hours Allowed: _____

Approved By: _____ Date: _____

Signature: _____