

**CERTIFICATION PROGRAM OF THE NORTH CAROLINA
LOCAL GOVERNMENT BUDGET ASSOCIATION
CERTIFICATION APPLICATION FORM**

Full Name	Title
Organization	Address
City	State and Zip Code
Phone	Email

Are you a member of the NCLGBA? Yes No

Are you a member of the NCLGBA's Listserv? Yes No

Professional Experience*

Organization	Title (current position)	Start and End Dates
Organization	Title	Start and End Dates
Organization	Title	Start and End Dates
Organization	Title	Start and End Dates

***Add more rows if needed.**

Education

Institution	Degree
Institution	Degree
Institution	Degree

Courses

Requirement	Course Title	Date
3 Days on Local Government Budgeting	Budgeting in Local Government	
Requirement	Course Title	Date
3 Days on Capital Financing	Capital Financing in Local Government	
Requirement	Course Title	Date
1 Day on Performance Measurement		
Requirement	Course Title	Date
1 Day on Evaluation		

Exams

Exam	Date Taken	Score
3 Days on Local Government Budgeting		
Exam	Date Taken	Score
3 Days on Capital Financing		
Exam	Date Taken	Score
1 Day on Performance Measurement		

Signature

Date

Please submit completed forms to Dr. Whitney Afonso via email at afonso@sog.unc.edu.