

**APPLICATION: Alabama Accredited Chamber Executive Designation Program**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Chamber of Commerce: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**1. Verification of Experience**

*Attach proof (\*) of graduation from Institute of Organizational Management (IOM), Certified Chamber Executive, or prior career and/or management experience (\*\*).*

**2. Verification of State Professional Development**

***Summer Conference***

List Years: \_\_\_\_\_

***Professional Development Conference***

List Years: \_\_\_\_\_

***Annual Meeting***

List Years: \_\_\_\_\_

***CCAA/BCA Partnership Summit***

List Years: \_\_\_\_\_

**3. Verification of National Professional Development**

*Attach proof (\*) of attendance at the following recognized professional development conferences, workshops, seminars and/or webinars (up to 5).*

***U.S. Chamber Conferences/Meetings***

List Years: \_\_\_\_\_

***ACCE Conferences/Meetings***

List Years: \_\_\_\_\_

**4. Verification of Job Related Volunteer Leadership**

*Attach proof (\*) of volunteer leadership (up to 5):*

- ***CCAA: Committee Member, Conference Chairperson, Conference Speaker/Panel Member, Board Member Board Officer***
- ***U.S. Chamber of Commerce: Institute for Organizational Management: Class Advisor, Board of Regent, Board of Trustee, Curriculum Committee, etc.***
- ***Association of Chamber of Commerce Executives: Board, Committee Chair, Conference Chairperson, Conference Speaker/Panel Member, Board Officer, etc.***
- ***Other job related/chamber leadership Position: \_\_\_\_\_***

**5. Verification of Local Leadership/Accomplishments**

*Attach proof (\*) of involvement and proven accomplishments at local level (up to 5):*

- ***U.S. Chamber of Commerce Accreditation***
- ***Economic Development***
- ***Tourism***
- ***Leadership Development***
- ***Downtown Revitalization***
- ***Elected office***
- ***Service Organization: \_\_\_\_\_***
- ***Other: \_\_\_\_\_***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

*\* Examples of proof include letters, brochures, conference programs, certificates, etc.*

*\*\* Committee must approve experience equivalent to IOM or CCE*

**Mail to\*:** CCAA, 2 North Jackson Street, Suite 607, Montgomery, AL 36104 (\*Include \$75.00 Application Fee)

To pay by Credit Card: # \_\_\_\_\_ Expiration \_\_\_\_\_ CCV \_\_\_\_\_