

APPLICATION: Alabama Accredited Chamber Executive Designation Program

Application Deadline June 16, 2021

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 _____