



Certified Military Community Executive (CMCE) Petition For Recertification

Complete all portions of this form

Mail to: IMCEA Headquarters - CMCE
14080 Nacogdoches Road, #329
San Antonio, Texas 78247-1944

www.imcea.org

Phone: (940) 463-5145

Email: imcea@imcea.org

Name:	Phone:
Title:	Fax:
Installation:	City, State, Zip:
Email:	IMCEA Member No.:

FORMAL EDUCATION BEYOND HIGH SCHOOL (Since Last Recertification)

School	City and State	From	To	Course of Study	Degree

Annual IMCEA Conferences Attended		Regional IMCEA Conferences Attended	
Year	City	Year	City

Military MWR/Services Courses			
Year	Length	Branch	Course

MWR/Services Training by Other Professional Organizations (Not IMCEA)				
Year	Date	Location	Host	Type of Function

Certified Military Community Executive (CMCE)

Petition For Recertification (Continued)

ASSOCIATION CREDITS	(Since Last Recertification)			
	Specifics	From	To	Total Years
IMCEA National Membership				
IMCEA President				
IMCEA Officer	Position:			
IMCEA Director				
IMCEA Chapter Membership	Chapter:			
IMCEA Chapter Officer	Position:			
IMCEA Committee Chairman:	Committee:			
IMCEA Committee Member:	Committee:			
Sponsor of new IMCEA member	Member name:			
Published articles (at least 750 Words)	Publication:			
Featured Speaker (at least 30 minutes)	Event:			
Attendance at Chapter Meetings (0.1 point per meeting attended)				

Remarks: List Published Articles, Speeches, etc.

The continuing professional development of military community executives is essential to enable them to cope with rapidly changing conditions and technology in the industry. To remain certified, a military community executive must accumulate 20 professional credit points every three years. Credit will only be earned with the credit value corresponding to the attached education and association point system. For each recertification petition, a fee of \$50 is required. Please submit payment with this form.

I hereby petition for **Recertification** as a CERTIFIED MILITARY COMMUNITY EXECUTIVE. I swear and affirm the above information is complete, true, and accurate to the best of my knowledge and understand that it is subject to verification.

Signature

Print Name

Date

IMMEDIATE SUPERVISOR'S CERTIFYING ENDORSEMENT

By my signature I certify that I am the applicant's immediate supervisor. I have reviewed the information submitted herein and recommend that the applicant's request for recertification be accepted.

Signature

Print Name

Official Position or Title

Official Mailing Address

City

State

Zip

Date

For National Use Only: Verified By: _____ Date: _____ Approved: _____ Date: _____