Final Application

**SGMP Louisiana Chapter**

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

SGMP Louisiana Chapter

Post Office Box 84825

Baton Rouge, LA 708884

Dear Chapter Treasurer,

I would like to obtain Government Meeting Specialist (GMS) certificate through the Louisiana Chapter. Please review my documentation and confirm my status for certification. I have enclosed the following:

* 1. This completed application for certification
* 2. My job description
* 3. My tracking sheet confirming completion of required contact hours for GMS

Submitted by (Name):

Title:

Company:

Street Address:

City, State, Zip Code:

Telephone:

Fax:

E-mail:

Signature:

**Chapter Leader Use Only:**

* Membership records: Membership Active
* Application fee verified by Treasurer

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence and I agree to uphold high standards of ethics, a commitment to my professional responsibilities as a meeting professional and I will make every effort to contribute to my profession and to SGMP Louisiana Chapter. I verify:

1. I am a member of the Louisiana Chapter of SGMP.
2. My current job responsibilities include:

Employment History (list the last fifteen years including present employment)

Dates

Name of Employer Employed Position\Title

Start Date End Date

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I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to the Louisiana Chapter of SGMP, its staff, and/or its program committee to review and verify the information contained in, or in connection with, this application.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify I am a current member and that the information in this application is accurate and correct to the best of my knowledge.

(Signature)

(Print or type Name)

### **Verification by Immediate Supervisor or Executive Director**

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said the applicant has correctly and accurately checked the areas of responsibility indicated on Page 2; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in meeting planning assignments and responsibilities.

(Signature)

(Print or type Name)

(Position)

(Company)

(Address)

(City, State, Zip Code)

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(Telephone)