



## Certification For Municipal Professionals

# NEW APPLICATION

- Associate City Clerk
- Associate Finance Officer



**RENEWAL CERTIFICATION:**

Please select one **\*a separate application is required for each certification.**

- Iowa Certified Municipal Clerk Associate (3 years of experience required)
- Iowa Certified Municipal Finance Officer Associate (5 years of experience required)

**REQUIRED SUPPORTING MATERIALS:**

Please check each applicable box and enclose the required supporting materials.

- I am currently a member of IMFOA and have been a member for 3 years. Membership ID # \_\_\_\_\_
- I have attended at least one IMFOA conference (for a minimum of 5 hours) in the past four years.  
Please list date of attendance \_\_\_\_\_
- I have attached a letter of verification of employee duties from a city representative who oversees my position.
- I have listed the needed courses on my application AND have included my dashboard with the listed classes highlighted. If the class is not listed on my dashboard, I have included supporting documentation for attendance at the educational event.

***(PLEASE NOTE: Classes can only be used ONE time and cannot be used on more than one certification.)***

- I have enclosed the \$150 application fee.
- I am currently an Iowa Certified Municipal Clerk.
- I have completed the Municipal Professionals Institute. Year Completed \_\_\_\_\_
- I am currently an Iowa Certified Municipal Clerk Associate.
- I am currently an Iowa Certified Municipal Finance Officer Associate.
- I acknowledge that I must renew my certification every 4 years.

**BASIC INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Other name(s) you may have used (Maiden name; Nickname) \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Municipality \_\_\_\_\_ Date Hired \_\_\_\_\_

Mailing Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**EMPLOYMENT DATES AND POSITIONS**

Current Municipal Employer \_\_\_\_\_

Current position \_\_\_\_\_ Start Date in Current Position \_\_\_\_\_

I have **NOT** changed my employment since last certified – If you have changed, please list previous employment and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDIA RELEASE (Optional)**

We are proud of your accomplishment and would like to send a press release or letter to one local newspaper and one local government official. Leave this section blank if you prefer.

**Local Newspaper:**

Name \_\_\_\_\_

Email \_\_\_\_\_

**Government Official**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**SUBMISSION INFORMATION**

**Mail Application and Fees to:**

IMFOA Certification Review Committee

Attn: Barb Barrick

515 N. Main

Huxley, IA 50124

*Note: Applications are reviewed by volunteers and may take 8–12 weeks for acknowledgment.*

Note: IMFOA Certification Application Process FAQs can be found at [imfoa.com](http://imfoa.com).

### **Certification Requirements**

To qualify for an Associate Certification, you must meet at least two of the seven requirements listed below. Please mark the applicable items:

- Assist in General Administration
- Assist in Records Duties
- Assist in Meeting Administration
- Manage By-Laws, Ordinances, etc.
- Assist in HR Duties
- Assist in Financial Duties
- Custody of official seal and documents

Note: Assisting in the above areas are not to be construed as management or held responsible for.

### **TRAINING HOURS SUMMARY**

#### **Instructions:**

1. Use the [IMFOA Dashboard](#) to review your courses.
2. List your courses below and attach your dashboard with **highlighted** classes.
  - o Include supporting documentation for any classes not listed on your dashboard.
3. Classes may only be applied to one certification type and cannot be reused.

#### **Training Categories:**

- **Basic Curriculum:** 50 hours from Iowa State University Municipal Professionals Institute (required for first certification).
- **Flexible Curriculum:** 25 hours from approved courses. Examples:
  - o Regional Clerk’s Meetings (up to 5 hours per year)
  - o Athenian Program (up to 6 hours per year)
- **Specialized Curriculum:** 25 hours from approved specialized courses.
  - o Degree Credit: Associate Degree (15 hours), Bachelor’s Degree or higher (25 hours) in relevant fields such as public administration or municipal management.

DATE	COURSE TITLE	SPONSOR	CONTACT HOURS



## **MUNICIPAL OFFICER CODE OF ETHICS**

As a Municipal Officer, I believe:

That the proper operation of democratic government and fiscal administration requires that public employees be independent and impartial in their judgment and actions; that decisions and policy be made in the proper channels of the governmental structure; that public office not be used for personal gain; and that the public have confidence in the integrity of its government and employees.

Consequently, I believe it is my duty to:

1. Respect the importance of American ideals of government, the rule of law, and ethical conduct in the performance of my municipal duties.
2. Work in full cooperation with other public employees in promoting the public welfare, recognizing that my private interest must be subordinate to the public interest.
3. Be scrupulously honest in handling public funds and in the conservation of public property, never using any funds or property under my care for private benefit of myself or others.
4. Refrain from disclosing confidential information concerning the city government, or granting any special treatment, consideration, or advantage to any citizen beyond that available to every other citizen.
5. Refrain from accepting gifts or favors or promise of future benefits which might compromise my independence of judgment or action as a City Clerk / Finance Officer.
6. Conduct myself in my private affairs in such a manner as not to bring discredit to public service, or the community and City Council which I serve.
7. Endeavor always to establish and maintain the highest standards of fiscal administration.

I hereby apply for re-certification under the Iowa Certification for Municipal Professionals Program and attest that the previous statements and presentations are accurate and true to the best of my knowledge. I further attest to support the Municipal Officer Code of Ethics. I acknowledge that continuous membership in IMFOA is required to retain and use the Iowa Certification designation(s) and that I must renew my certification(s) every 4 years.

Printed  
Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_