



Certification For Municipal Professionals

RENEWAL APPLICATION

- City Clerk
- Finance Officer
- Clerk Associate
- Finance Associate



RENEWAL CERTIFICATION:

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

- Iowa Certified Municipal Clerk
- Iowa Certified Municipal Finance Officer
- Iowa Certified Municipal Clerk Associate
- Iowa Certified Municipal Finance Officer Associate

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 4 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 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 \$75 application fee.
- I am currently an Iowa Certified Municipal Clerk.
- I am currently an Iowa Certified Municipal Finance Officer.
- 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 municipalities and dates:

I am a current IMFOA member and have been for the past four (4) years – If No, please explain:

Expiration of current certification _____

Submittal date _____

**Renewal must be submitted by expiration date on current certification.*

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.

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 _____