IMFOA
Iowa Municipal Finance Officers Association

Certification For Municipal Professionals

RENEWAL APPLICATION

City Clerk

Finance Officer

Clerk Associate

Finance Associate

IOWA MPI
Municipal Professionals Institute

IOWA LEAGUE of CITIES

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

PLEASE CHECK EACH BOX THAT IS APPLICABLE AND ENCLOSE THE REQUIRED SUPPORTING MATERIALS:

☐ I am currently a member of IMFOA and have been a member for three (3) consecutive years within the last five (5) 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.
☐ Classes need to be during the renewal period.

(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
(Use Name as Shown on IMFOA ID and/or dashboard)

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 _____ Date you began this 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.**

PLEASE MAIL APPLICATION AND FEES TO:

IMFOA Certification Review Committee
Attn: Barb Barrick
515 N. Main
Huxley, IA 50124

__The committee that reviews the applications are volunteers.__ It may take as long as 8-12 weeks before you receive your acknowledgement. Thank you for your patience and understanding!

EDUCATION

IMPORTANT: PLEASE READ ALL OF THE INSTRUCTIONS BELOW BEFORE COMPLETING THIS PORTION OF THE APPLICATION! INCOMPLETE APPLICATIONS WILL BE RETURNED.

1. A link to find a list of classes you have taken on the IMFOA dashboard is found here**:** https://imfoa.com/account/

2. You must **WRITE/TYPE** the hours and classes you are using for the certification you are applying for on the sheets provided. You may use a second sheet to list classes if needed.

3. Please include a copy of the dashboard, highlighting the classes you are using.

4. All workshops, courses, or educational offerings must be approved by the Curriculum Committee and will be listed on your dashboard as proof of attendance.

5. Classes on the dashboard might be LISTED in more than one place but you can only use the class ONE TIME either in Basic, Flexible or Specialized on one certification.

6. Classes need to be during the renewal period. Classes taken prior to renewal date will not be considered.

7. CLASSES CAN ONLY BE USED ON ONE CERTIFICATION TYPE, AND CANNOT BE DUPLICATED FOR A DIFFERENT CERTIFICATION.

8. Application and Code of Ethics (located on the last page of the application) must be signed and dated before application will be considered.

   Note: IMFOA Certification Application Process FAQ's can be found at www.imfoa.com - Certification Program tab.

<u>CURRICULUM</u> – It is recommended you get 15 contact hours of continuing education EACH YEAR. 60 education hours total are required to maintain your certification.

Please LIST classes <u>and</u> include a copy of your dashboard with classes <mark>highlighted</mark>.
- Regional Clerk's meetings – 5 hours per year maximum
- Athenian Program – 6 hours per year maximum

DATE	COURSE TITLE	SPONSOR	CONTACT HOURS

CURRICULUM (continued)

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 <u>Municipal Officer Code of Ethics</u>. I acknowledge that continuous membership in IMFOA is required to retain and use the Iowa Certification designation(s) and that <u>I must renew my certification(s) every 4 years</u>.

Printed Name_____

Signature_____
      Note: Electronic Signature will not be accepted!

Date _____