



International Military Community Executives' Association

Petition For CMCE Certification Recognition

Complete all portions of this form

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

Phone: (940) 463-8583

www.imcea.org

Email: imcea@imcea.org

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

EXPERIENCE			Minimum of 50 points	
Position	Organization and Location	From	To	

FORMAL EDUCATION BEYOND HIGH SCHOOL				Minimum of 25 points	
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 Other Professional Organizations (Not IMCEA)				
Year	Date	Location	Host	Type of Function

Certified Military Community Executive (CMCE)

Petition For Recognition (Continued)

Association Credits	Additional Points - Minimum 30 Points			
	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 credit values corresponding to the approved Education and Association point system.**

I hereby petition for recognition 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. I understand that upon assessment of this petition and approval to take the CMCE written examination, I will incur a \$50 administrative processing fee.

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: _____