

Enrollment for Clerks & Deputy Clerks VCCA Career Development Program

When Used: This form is submitted to enroll in the VCCA Career Development Program. The Enrollment form is mailed to the VCCA Certification Review Committee. The Enrollment Fee is mailed to the VCCA Treasurer.

Name of Applicant *(As you want it to appear on the certificate)*

Last	First	Middle Prefix
------	-------	---------------

[] Clerk [] Deputy Clerk	[] City [] County
----------------------------	---------------------

Title <i>(Check One)</i>	Locality
--------------------------	----------

Last 4 digits (SSN)	Date Elected (Clerk) or Employed (Deputy) (MM/DD/YYYY)
---------------------	--

Office Address

Street Address	City	State	Zip Code
----------------	------	-------	----------

Telephone & Fax Number <i>(include area code)</i>	E-mail Address
---	----------------

I recommend the Applicant named above and certify that he/she meets all General Eligibility requirements for Candidates set out in the VCCA Career Development Program document. I affirm that the information given on this application is complete and true to the best of my knowledge.

Signature of Clerk	Date
--------------------	------

Questions? Call or e-mail Ashby Pritchett @ (276) 403-5106 or apritchett@vacourts.gov

Mail or Fax Form to:
VCCA Certification Review Committee
Mail: P.O. Box 1206, Martinsville, VA 24114. Fax No.: (276) 403-5232

Mail Enrollment Fee payable to “VCCA Treasurer” with memo “CDP Enrollment Fee”.
[] Clerk - \$100.00 [] Deputy Clerk - \$75.00