

## 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*)

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Last

First

Middle Prefix

Clerk  Deputy Clerk

City  County

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Title (*Check One*)

Locality

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Last 4 digits (SSN)

Date Elected (Clerk) or Employed (Deputy) (MM/DD/YYYY)

### Office Address

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Street Address

City

State

Zip Code

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Telephone & Fax Number (*include area code*)

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.**

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Signature of Clerk

Date

**Questions?** Call or e-mail Teresa Dobbins @ (804) 598-5660 or [tdobbins@vacourts.gov](mailto:tdobbins@vacourts.gov)

**Mail or Fax Form to:**

**VCCA Certification Review Committee**

**Mail: 3880-C Old Buckingham Road, Powhatan, Virginia 23139 Fax No.: (276) 403-5232**

**Mail Enrollment Fee payable to "VCCA Treasurer" with memo "CDP Enrollment Fee".  Clerk - \$100.00  Deputy Clerk - \$75.00**

(Enrollment Form 5/25)