



Application for Certification Renewal

Certified Office Professional

Please submit this document with your payment of \$25 for processing.

Please mail application and fee to:

Certified Office Professional Program
Missouri Rural Water Association
901 Richards Drive
Ashland, Missouri 65010

GENERAL INFORMATION

1. Name_____
2. System_____
3. Address_____

4. City_____ State_____ Zip_____ - _____
5. Phone_____ Fax_____
6. E-Mail_____
5. Job Title_____

COURSE WORK

-CONFERENCES

MRWA Annual Conferences and Office Professional's Seminars are worth 10 hours, each, toward renewal. Therefore, if you attended any three, you have your 30 hours. If attended

two; you have 20 hours towards renewal and must demonstrate the remaining 10 with other course work.

List conferences attended and year:

1. _____
2. _____
3. _____

-OTHER COURSE WORK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SIGNATURE BLOCK

I hereby declare that the aforementioned information is correct and true to the best of my knowledge.

Signature of Applicant_____

Date_____

Copyright 2011, Missouri Rural Water Association.
No part of this document can be used or reprinted without expressed permission from
Missouri Rural Water Association.