



## Application for Certification Certified Office Professional

NOTE: THIS FORM IS NOT FOR RENEWAL.

This application must be submitted for consideration of applicant for 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 Richardson 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\_\_\_\_\_
6. Which examination date do you wish to participate in?  
\_\_\_\_\_

## 7. COURSE WORK

Please outline any Office Professional training you have attended. Please include the date, training provider, course name, and number of in-classroom hours.

### CONFERENCE ATTENDANCE

If you attend an MRWA Annual Conference or Office Professional's Seminar, that attendance counts towards 10 hours if initial application or renewal. Therefore, three conferences will give you all 30 hours needed.

#### LIST CONFERENCE(S) AND THE YEAR OF ATTENDANCE(S)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### OR, NO CONFERENCE ATTENDANCE

If you have NOT attended any conferences, then write down the formal training you have attended under the subject that it applies to:

10 hours of Office Management

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

5 hours of Financial Administration

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### 5 hours of Water and Wastewater Operations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### 5 hours of Legal and Personnel Issues

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### 5 hours of Personal Development

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Any additional comments regarding course work:

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## 8. WORK EXPERIENCE

Please outline your work history, beginning with the most recent.

A.

Employer\_\_\_\_\_

Job Title\_\_\_\_\_

Employed from Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Briefly describe  
duties\_\_\_\_\_

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B.

Employer\_\_\_\_\_

Job Title\_\_\_\_\_

Employed from Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Briefly describe  
duties

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C.

Employer

Job Title

Employed from Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Briefly describe  
duties

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Any additional comments regarding work history:

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9. SIGNATURE BLOCK

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

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

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