

## Application for Graduation – CERA/CERV Program

### Procedure

1. Look at your records to verify that you have completed the required PEP courses I through XII.
2. Mail forms and fees to: Connie Schmidt, CERA, P.O. Box 478, Spring Hill, KS 66083 (Call Houston office for overnight delivery address.) Phone: (913) 206-7395
3. Deadline for submission is June 1.

### Application for Graduation – CERA/CERV Program

<b>NAME:</b>	_____		
	(As to appear on graduation materials)		
<b>TITLE:</b>	_____		
<b>JURISDICTION OFFICE/ FIELD OF EMPLOYMENT:</b>	_____		
<b>BUSINESS ADDRESS:</b>	_____ _____ _____		
<b>PHONE, FAX, E-MAIL:</b>	( ) _____	<b>FAX:</b> ( ) _____	
	<b>E-MAIL:</b> _____		
<b>ENCLOSED ARE:</b>	<input type="checkbox"/> Check for \$175 if attending conference and graduation ceremony, <b>OR</b> <input type="checkbox"/> Check for \$275 if not attending conference and graduation ceremony or if attending graduation ceremony only <input type="checkbox"/> Application for Graduation <input type="checkbox"/> Experience Category Credit information <input type="checkbox"/> Experience Verification Credit information <input type="checkbox"/> Conference/Workshop Credit information <input type="checkbox"/> Documentation <input type="checkbox"/> Miscellaneous: _____		
<b>CHECK:</b>	<b>PEP courses you plan to complete between June 1 and July 31 of this year:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII  <input type="checkbox"/> Check here if your attendance at this year's national conference is being used to meet your graduation requirements.		
<b>CHECK:</b>	I am requesting approval for graduation as: <input type="checkbox"/> CERA (OR) <input type="checkbox"/> CERV		
<b>APPLICANT'S SIGNATURE:</b>	_____	<b>DATE:</b>	_____

APPLICANT'S NAME \_\_\_\_\_

## Experience Category Credit for Graduation

**Procedure**

1. Check the Experience Category that applies, i.e., Category 1 **OR** Category 2.
2. **Note:** Qualifying experience must occur immediately preceding entrance into PEP program or during time in the program, and be met by the deadline for submitting the Application for Graduation.

### Experience Category Credit for Graduation

\_\_\_\_\_ **CATEGORY 1**

\_\_\_\_\_ I have administered, been involved in the conduct of, or maintained voter records for, at least one jurisdiction-wide election.

This means statewide unless you do not have such authority. An example is a city clerk who does not administer statewide elections but does administer jurisdiction-wide – i.e., for the entire city.

**AND**

\_\_\_\_\_ I am a full-time election or registration administrator/official, **OR**

\_\_\_\_\_ I am employed full-time in a job where election administration or registration of voters is a portion of my full-time job.

**AND**

\_\_\_\_\_ I have completed 2 years of election or voter registration experience (by graduation date).

**OR**

\_\_\_\_\_ **CATEGORY 2**

\_\_\_\_\_ I do not meet the requirements of Category 1 above.

This might include those with authority for jurisdiction-wide elections, i.e., local election boards who do not actually conduct elections but oversee staff with election responsibilities, or vendor representatives. However, I am submitting certification/verification of experience that qualifies me for CERA/CERV approval.

**AND**

\_\_\_\_\_ I have completed 2 years of election or voter registration experience (by graduation date).

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

## Experience Verification Credit for Graduation

**Procedure**

1. Complete one page for each position you have held that qualifies you for CERA/CERV approval. Duplicate as many forms as necessary. Please print.

### Experience Verification Credit for Graduation

<b>EMPLOYED BY:</b>			
	(Name of Organization/Jurisdiction)		
	(Address)		
<b>DATE:</b>			
	(From / To)	(City, State, Zip)	
Brief Description of election/registration duties/experience:			
Statewide or jurisdiction-wide elections you have administered or been involved in the conduct of, or maintained voter records for, during the dates of employment listed above:			
Election Title	Date	Election Title	Date

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The following is to be completed by person certifying/verifying the above information. This cannot be the applicant.**

Note: If you are an elected official, the verification should be a person in a position to verify that you were in that position during the dates stated, i.e., County Administrative Officer, State Director of Elections, Secretary of State, etc.

Certified by: _____ (Signature)	Date: _____
Print Name: _____	Phone: ( ) - _____
Title: _____	Fax: ( ) - _____
Address: _____ (Street)	
(City) _____ (State) _____ (Zip) _____	

APPLICANT'S NAME \_\_\_\_\_

**Conference/Workshop Credit for Graduation**

**Procedure**

1. Conference/Workshop Requirements (2 events):
  - (1) Attend 2 Election Center conferences or workshops; **OR**
  - (2) Attend 1 Election Center conference or workshop **PLUS** attend 1 event from another association (minimum of 5 hours of election or voter registration subject matter).
2. Attendance must occur between the admission date and graduation date. Exception granted only if one Election Center conference/workshop attendance is lacking and if you intend to meet this requirement by attending this year's National Conference. **NOTE:** PEP courses do not count for conference/workshop credit – you must have attended the actual conference/workshop to receive credit.

**Conference/Workshop Credit for Graduation**

Organization	Title of Event	Location	Date	Documentation <ul style="list-style-type: none"><li>• No documentation required for Election Center events</li><li>• Other events - documents required: program or written description <b>PLUS</b> receipt or cancelled check</li></ul>

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_