



LOCAL GOVERNMENT MANAGEMENT CERTIFICATE (LGMC) PROGRAM

LGMC PROGRAM ENTRY APPLICATION

Program Entry Application:

Submission Date: _____

Full Name: _____

Other Names Used (w/in last 3 years): _____

Position Title: _____

City/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail: _____

We will compile a list of training that you have attended through LOC's training program over the past three years. If you have changed positions or worked for an additional organization in the past three years, please note that information below:

Org.: _____ Title: _____ Dates (to/from): _____

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General Information:

As you complete workshops through the League Training Program, they will automatically be applied to your required hours towards this certificate. If you wish to apply training from other sources, please see the credit request forms for [Education & Experience](#) and [Training & Workshops](#). Doing so allows LOC the ability to track these credits towards the completion of the certificate requirements.

More information and digital versions of this and the above-mentioned submission forms can be accessed at www.orcities.org/education/LGMC.

Questions:

If you have questions, or for more information contact:
Lisa Trevino by email at ltrevino@orcities.org or by phone at (503) 588-6550

Application Submission:

League of Oregon Cities – LGMC Program Entry Application – Attention: Lisa Trevino
Fax: 503-399-4863; Email: ltrevino@orcities.org Call: (503) 588-6550
Mail: 1201 Court Street NE, Suite 200 Salem, OR 97301

FOR LOC USE ONLY

<i>Application Received</i>	<i>iMIS Cert Program</i>	<i>Welcome Email</i>			
Notes:					