



Policy 3 Professional Development Endorsement
Appendix A
Local Government Employees Certification Regulation

Instructions:

Send one completed copy and all supporting documentation to:

Local Government Management Association of BC
Suite 710A – 880 Douglas Street
Victoria, BC V8W 2B7
Phone: (250) 383-7032
Email: ntaylor@lgma.ca

A. Certificate Holders Information

Last Name:	First Name:
Mailing Address:	
Email Address:	Telephone:
Date Certificate in Local Government Management issued:	
Present Employer: (if applicable)	
Present Position Title:	

B. Professional Development Information

Description	Date Completed	Schedule Identifier (From Board of Examiners Professional Development Policy)	Credits Earned

C. Declaration

I hereby declare that I have completed the professional development activities described above.

Signature: _____

Date signed: _____