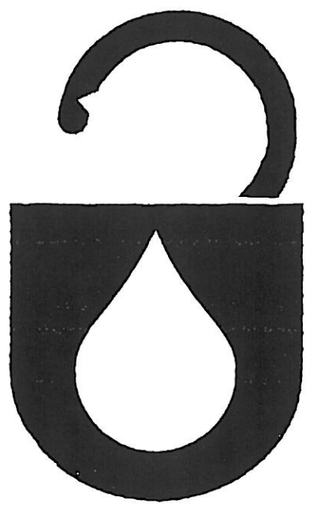
4. EXAMINATION

Specify the examination date you wish to participate in:
Month: _____
Day: _____
Year: _____

5. SIGNATURE REQUIRED

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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Certified Administrative Professional Application

Please check one: New Application ☐ Certification Renewal ☐

NOTE: If application is for certification renewal, then only Section 3 regarding Coursework must be completed. It is not necessary to fill out Section 2 regarding Work Experience.

This application is being submitted for consideration for Certified Administrative Professionals. Please complete and submit this document with your application fee of $25.00 for processing.

Please mail application and fee to:

TAP Program
TAUD
PO BOX 2529
Murfreesboro, TN 37133-2529

1. GENERAL INFORMATION

Name: _____
System: _____
Address: _____
City: _____ State: _____ Zip: _____-_____
Phone: (_____)_____ Fax: (_____)_____
E-mail: _____
Job Title: _____

2. WORK EXPERIENCE

Please outline your work history, beginning with the most recent.
A. Employer: _____
Job Title: _____
Employed Month/Year: _____ to _____
Briefly describe duties: _____
_____
_____

B. Employer: _____
Job Title: _____
Employed Month/Year: _____ to _____
Briefly describe duties: _____

C. Employer: _____
Job Title: _____
Employed Month/Year: _____ to _____
Briefly describe duties: _____

Additional comments regarding work history:

3. COURSE WORK

Please outline any Administrative Professional training you have attended. Please provide the date of course work completed. If you are completing for certification renewal, provide the most recent date of the course work completed.

10 hours of Office Management

- Telephone courtesy date: _____
- Communication and presentation skills date: _____
- Office machine operation & maintenance date: _____
- Grammar date: _____
- Letter writing date: _____
- Office organization date: _____
- Regulatory Compliance date: _____

5 hours of Financial Administration

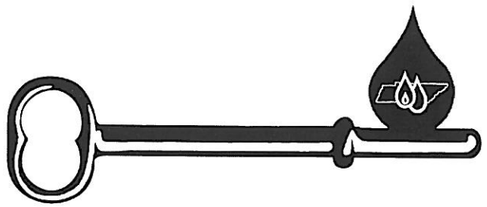
- Audits date: _____
- Debt Service date: _____
- Budgeting date: _____
- Accounting date: _____
- Funding sources date: _____
- Internal controls date: _____
- Fund accounting date: _____
- Purchasing (bid specs, sealed bids, etc.) date: _____
- Understanding financial statements date: _____

5 hours of Personal Development

- Board/Council/Employee Relationships date: _____
- Time Management date: _____
- Multi-tasking date: _____
- Dressing for success date: _____
- Maintaining mental and physical health date: _____

5 hours of Legal and Personnel Issues

- Minutes, notices, agenda, ordinances, resolutions & elections date: _____
- Sunshine law date: _____
- Exempt/non-exempt employees date: _____
- Hiring and firing procedures date: _____
- Maintaining personnel files date: _____
- Employee evaluations date: _____
- Sexual harassment date: _____
- Payroll records (including tax documents) date: _____
- Employee handbooks date: _____
- Americans with Disabilities Act (ADA), Equal Employment Opportunity Commission (EEOC), Fair Labor Standards Act (FLSA), Uniformed Services Employment and Re-employment Rights Act (USERRA), etc. date: _____
- Insurance (including Cafeteria plans), Workers' Compensation, Health Insurance, Systems Insurance, Vehicle Insurance, etc. date: _____
- Media relations date: _____

5 hours of On-site Systems Operations

- Basic science date: _____
- Identifying common appurtenances date: _____
- Distribution system operations overview date: _____
- Treatment system operational overview date: _____
- Source water protection date: _____
- Sampling processes date: _____
- Operational reporting date: _____
- Emergency planning date: _____
- System security date: _____