



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

RICHARD J. CODEY
Acting Governor

MEMORANDUM

SUSAN BASS LEVIN
Commissioner

TO: Sponsors, Continuing Education Credit

FROM: Daniel J. Kaminski, Manager, Certification Unit
for Susan Jacobucci, Director
Division of Local Government Services

SUBJECT: Continuing Education Sponsor Agreement

Attached is a Continuing Education Sponsor Agreement for your use. This agreement is to be used for applying for continuing education credit for programs directed toward those local officials for which the Division administers certification programs. You may duplicate this form. Completed forms may be mailed to the attention of the Certification Unit at the Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. The form may also be faxed to the Certification Unit at (609) 633-6243.

It is strongly recommended that the application be submitted in a timely manner prior to the date of the program. Based on the circumstances, applications submitted retroactively will be approved or denied credit at the discretion of the Division.

As sponsor, you are responsible for supplying attendees with some proof of attendance, either directly after a program, or shortly thereafter by mail. At a minimum, the proof must contain the name and date of the program, the name of the sponsor organization, the course number assigned by the Division, and the applicable contact hours.

In addition, upon conclusion of each seminar, please submit the original sign-in and evaluation sheets to the above address. Please include the name of the instructor(s) on the evaluation sheets.

Thank you for your interest in providing continuing education. If you have any questions, or if you need sample sign-in or evaluation sheets, please contact the Certification Unit at (609) 633-6349.

DJK:SJ:djk
attachment



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES
Continuing Education Sponsor Agreement

Part 1 — Sponsoring Organization Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Program Contact Name: _____

Telephone number: _____

Part 2 — Program Details

Title of Program: _____

Date(s) of Session: _____ Time of Session: _____

Location of Session: _____

Summary of Course Content (attach detailed syllabus):

Names of Instructors (if DLGS instructors are involved, attach completed Staff Instruction Request):

If Page 2 has been completed and is attached, check here:

The sponsor agrees to comply with Division procedures for continuing education programs.

Signature of Authorized Representative: _____

Name: _____ Position: _____

Date: _____

Send completed applications to: Certification Unit, Division of Local Government Services,
P.O. Box 803, Trenton, NJ 08625. If you have any questions please call the Division at:
609-633-6349.

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES
Continuing Education Sponsor Agreement - Page 2

Allocation of Certification Program, Curriculum Areas and Hours			
Certification Program	Curriculum Area	Proposed Contact Hours	Approved Contact Hours (DLGS use only)
Municipal Financial Officer	Accounting	_____	_____
	Budgeting	_____	_____
	Financial and Debt Management	_____	_____
	Office Management and Ancillary Subjects	_____	_____
	Ethics	_____	_____
	Information Technology	_____	_____
County Finance Officer	Accounting	_____	_____
	Budgeting	_____	_____
	Financial and Debt Management	_____	_____
	Office Management and Ancillary Subjects	_____	_____
	County Fiscal Operations	_____	_____
	Ethics	_____	_____
	Information Technology	_____	_____
Tax Collector	Enforcement	_____	_____
	Legislation	_____	_____
	Reporting/Billing/Collection	_____	_____
	General/Secondary	_____	_____
	Ethics	_____	_____
Public Works Manager	Information Technology	_____	_____
	Technical	_____	_____
	Management	_____	_____
	Government	_____	_____
Municipal Clerk	Ethics	_____	_____
	Information Technology	_____	_____
	Professional Development	_____	_____
	Records	_____	_____
	Licensing	_____	_____
	Finance	_____	_____
Municipal Clerk	Elections	_____	_____

For DLGS Use Only: Date Received: _____ Date Approved: _____
 Course# _____

Comments:

Reviewer	App.	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES
REQUEST FOR DLGS SPEAKER

Title of program: _____

Speaker # 1 Name: _____

Material to be covered: _____

Speaker #2 Name: _____

Material to be covered: _____

Speaker # 3 Name: _____

Material to be covered: _____

.....
For DLGS Use Only:

#1 _____ #2 _____ #3 _____
FW _____