



MISSOURI CITY CLERKS AND FINANCE OFFICERS

APPLICATION FOR MISSOURI PROFESSIONAL CITY CLERK (MPCC)



Name: _____ Title: _____
Last First MI

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax () _____

E-Mail Address: _____ Division _____

The goal of the Missouri City Clerks and Finance Officers Association (MoCCFOA) is to instill a desire for continuing the education and personal development of Missouri municipal clerks by providing encouragement and opportunities for further education and experience. Therefore, post-Certification learning experiences should combine professional and personal development with community and social services for the Missouri Professional City Clerk (MPCC) designation. This professional classification was developed to recognize those clerks who have remained steadfast in their professional development, continuing to grow and expand their knowledge and experience.

With the MPCC application, each Clerk is required to write a one- or two-page statement delineating his/her opinion on the meaning of the MRCC and MPCC process and the personal impact of these designations. These statements assist in demonstrating the importance of the training and may be used (anonymously) to encourage other clerks to continue in their training.

REQUIREMENTS FOR MISSOURI PROFESSIONAL CITY CLERK (MPCC) APPLICATION:

1. Active Municipal or Deputy/Assistant Clerk in a Missouri municipality.
2. Two-year waiting period after attaining MRCC Sustaining status.
3. Affirmation of Missouri Clerks' Code of Ethics.
4. A total of 25 points in Advanced Education and Professional and Community Service:
 - a minimum of 15 points, 20 points maximum, in Advanced Education;
 - a minimum of 5 points, 15 points maximum, in Professional and Community Service; and,
 - five additional points in either Advanced Education or Service.
5. A one- to two-page written statement on the meaning and value of the MRCC and MPCC program, personally and professionally. The statement is to be single-spaced, 12 point type, on letter-size paper with one-inch margins.
6. Completion of application, including the enclosure of documentation for each point claimed; and,
7. Payment of registration fee, \$125 for pin and plaque or \$60 for pin and certificate.

Name: _____

City: _____



CODE OF ETHICS

The Missouri City Clerks and Finance Officers Association is a professional organization of municipal clerks and finance officers who have united to:

- impart standards of quality and integrity so the conduct of members shall be above reproach and merit public confidence;
- promote the professional development of the Association's members; and,
- enhance and promote the professional management of governmental records.

To further these objectives, certain principles shall govern my conduct as a member of the Missouri City Clerks and Finance Officers Association:

1. To recognize that my chief function at all times is to serve the best interests of the people;
2. To uphold both the letter and the spirit of the government and laws of the State of Missouri, my county and municipality;
3. To devote my time, skills and energies to my office, both independently and in cooperation with other professionals;
4. To so conduct my public and private life as to be an example to my fellow citizens;
5. To be sensitive and responsive to the rights of the public and the public's changing needs;
6. To impart to my profession those standards of quality and integrity, that the conduct of the affairs of my office shall be above reproach and will merit public confidence in my community;
7. To maintain my neutrality and impartiality, rendering equal service to all and extend the same treatment I wish to receive myself;
8. To respect and protect privileged information to which I have access by virtue of my office;
9. To not knowingly be a party to or condone any illegal, immoral, or improper activity; and,
10. To use neither public property nor resources for my personal or political gain.

I do hereby subscribe to this Code of Ethics, which I affirm will govern my professional and personal conduct as a Missouri Professional City Clerk.

Signature of Applicant

Name: _____

City: _____

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**REMINDER: All points must be accrued AFTER attaining the Sustaining designation.
Attach copies of all documentation to support your application.**

SECTION 1. ADVANCED EDUCATION – Minimum of 15 points, maximum of 20

- A. Completion of MoCCFOA Master Academy session 3 for 6 hours or 1 day
- B. Completion of an IIMC Master Academy session 3 for 6 hours or 1 day
- C. Academic credits in a related field from a college or university 2 for each credit unit
(NOTE: Only credits received after Continuing/Sustaining accreditation)
- D. Certification from another organization relevant to the Municipal Clerk responsibilities 2
- E. Completion of a job-related seminar or course not approved as an MoCCFOA-specific course; or, 1 for 6 hours or 1 day
- F. Completion of a self-study program approved by MoCCFOA Varies with program
- A. On-line self-study courses 1 for every 6 hours, (NOTE: Approval by Certification Committee required prior to taking the course.) (maximum 2 points)
- G. Presenter at MoCCFOA recognized Institute or other municipal clerk education program 1 per presentation

* * * * *

Master Academy Sessions attended:

| Session | Location | Date | Est. Pts |
|---------|----------|------|----------|
| | | | |
| | | | |
| | | | |

Academic credits in related field:

(Includes Public Administration, Urban Affairs, Government, Political Science, Business Administration and Finance)

| Course | College/University | Date | Credit Hours | Est. Pts |
|--------|--------------------|------|--------------|----------|
| | | | | |
| | | | | |
| | | | | |

Certification from other organizations:

| Certification | Organization | Date | Credit Hours | Est. Pts |
|---------------|--------------|------|--------------|----------|
| | | | | |
| | | | | |

Name: _____

City: _____

**MoCCFOA APPLICATION FOR
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SECTION 1. ADVANCED EDUCATION - Continued

Completion of job-related session or course:

| Session | Location | Date | Est. Pts |
|---------|----------|------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

On-Line courses, approved by Certification Committee: (Maximum of 2 points)

| Describe: | Est. Pts |
|-----------|----------|
| | |
| | |
| | |
| | |

Presenter at MoCCFOA-recognized Institute or other Clerk education program:

| Session | Location | Date | Est. Pts |
|---------|----------|------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Advanced Education Points _____

Please attach additional pages if necessary

NOTE: The Certification Committee Chairman shall determine the appropriateness of credits.

Name: _____

City: _____

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SECTION 2. PROFESSIONAL AND COMMUNITY CONTRIBUTIONS:

(5 points minimum, 10 points maximum)

- A. MoCCFOA Officer 2 per year
- B. MoCCFOA Executive Board Director or Past President
(must attend at least 3 meetings per 2-year term) 1 per year
- C. Member of MML or IIMC Board of Directors 2 per year
- D. Chairperson of a MoCCFOA, MML or IIMC Committee 2 per year
- E. Active member of a MoCCFOA, MML or IIMC Committee 1 per year
- F. Attendance at MoCCFOA, MML or IIMC Regional or Annual Conference 1 per event
- G. Teacher/Trainer at a MoCCFOA, MML or IIMC session or meeting 2 per
session
- H. Singular on-the-job achievements that benefit the profession or community 1 per year
- I. Personal accomplishments of benefit to position 1 per year
- J. Serving as officer in a professional association 1 per year

Positions Held:

| Position | Organization | Dates | Points per year | Est. Points |
|----------|--------------|-------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Conference Attendance:

| Event | Location | Dates | Est. Points |
|-------|----------|-------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Accomplishments / Service:

| Event | Location | Dates | Est. Points |
|-------|----------|-------|-------------|
| | | | |
| | | | |
| | | | |

Total Professional and Community Contributions _____

Name: _____

City: _____

(Minimum 5 points, maximum 10 points)

SECTION 3. WRITTEN STATEMENT:

Write a statement delineating your opinion on the meaning of the MRCC / MPCC process and the personal and professional impact of these designations. The article is to be a minimum of one page and maximum of two pages, single-spaced on letter-sized paper with one-inch margins, 12-point font.

AFFILIATIONS: (Optional)

Current Civic Activities – List full names of organizations, dates, positions held and accomplishments.

GOVERNMENT OFFICIALS TO NOTIFY: (Optional)

List full name, position and address of persons to notify announcing your MPCC status.

| Name | Title | Address |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

MEDIA INFORMATION: (Optional)

List any news media you wish to receive the press release.

| Name | Title | Address |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please check the appropriate lines and enclose the required documentation.

_____ I have completed a minimum of 25 points in the two categories

_____ I attained MRCC status on _____ (date)

_____ I attained Continuing MRCC on _____ (date)

_____ I attained Sustaining MRCC on _____ (date)

_____ I have signed and included the MoCCFOA Code of Ethics

_____ I have enclosed appropriate documentation for each point listed in this application

_____ Advanced Education _____ Professional and Community Contributions _____

_____ I have enclosed a written statement of my opinion on the meaning of the MRCC / MPCC process and the personal and professional impact of these designations.

Name: _____

City: _____

_____ I have enclosed \$60 for the application fee, which includes a pin and certificate; OR

_____ I have enclosed \$125 for the application fee, which includes a pin and plaque.

* * * * *

I hereby apply for the Missouri Professional City Clerk (MPCC) status with the Missouri City Clerks and Finance Officers Association and affirm that all information herein is accurate and true to the best of my knowledge.

Municipality: _____ Date Hired: _____

Signature: _____ Date Applied: _____

When completed, send application with all appropriate documentation to:

Ms. Leesa Ross, City Clerk
City of Frontenac
10555 Clayton Rd
Frontenac, MO 63131

Phone: (314) 373-6504

Email: lross@cityoffrontenac.org

NOTE : Please make checks payable to **MSU** and mail along with application.