The premier organization for public sector benefits professionals...

CGBA PROGRAM

Application for Experience and Educational Credit

This form is used to report job experience for credit in the State and Local Government Benefits Association Certified Government Benefits Administrator program. Candidates for certification should be familiar with the official guidelines and standards of the program before completing the form. Copies of the guidelines are included with this application. To ensure timely credit for experience, this form **must** be post marked by **JANUARY 31** each year.

Name _____

Position _____
(Please attach copy of job description or paragraph describing position and duties, if not previously submitted.)

Employer _____

Division _____

Agency or Bureau _____

Jurisdiction_____

Business Street Address_____

City, State, Zip_____

Business Phone (_____) _____ Fax (_____) _____

Email _____

Home Address _____

City, State, Zip _____

Home Phone (_____) _____

Date _____

There is a
REGISTRATION FEE of $50.00
that **MUST** be paid before any credit will be awarded to you. If you are unsure if your registration fee has been paid please contact the SALGBA National Office.

Please make check or purchase order payable to SALGBA.
SALGBA FEDERAL IDENTIFICATION NUMBER: 57-0752871

Please mail items to:

SALGBA-CGBA Program
P.O. Box 867
Berea, KY 40403

Phone: 888-623-8676; **Fax:** 859-623-8694
Email: salgba@salgba.com
www.salgba.com

SECTION I - - APPLICATION FOR EXPERIENCE CREDIT

(See Section 6 of the Program *Guidelines and Procedures Booklet.*)

I-1 Please enter the period covered by this report. This will normally be January 1- December 31, unless a job change or other situation requires a partial year report:

From: _____ To: _____
Month Day Year *Month Day Year*

I-2 Please give your job title and a brief overview of your work:

Job Title: _____

Job Content: _____

_____

I-3 Is there an official number of work hours assigned to your position?

_____ Yes _____ No If so, list the number of hours: _____

I-4 Of the number of work hours listed in I-3, what percentage is devoted to **benefits-related tasks**?*

_____ %

* Examples of **benefits-related tasks** include client consultation regarding benefits; product development and refinement; contract development and negotiation; review of financial forms and documents; TPA; development of risk criteria; enrollment assistance; legislative research; response to RFP's, bids, and quotes specifications; monitoring and management of claims and billing; implementation of safety programs; grievance management; records maintenance; supervision of special projects; etc. Examples of **non-benefits related tasks** include general human resources administration; committee service; serving as assistant to marketing, legal, public relations, or other divisions within your entity; etc.

I-5 Is there an official job description pertaining specifically to your position?
_____ Yes, current version already on file with governing university
_____ Yes, copy attached
_____ No
If "no," please explain how and by whom your duties are defined:

_____

_____

I-6 Use the percentage from I-4 to determine experience points claimed, based on the following scale:

5 - 19%	responsibility in benefits administration is 6 points per year;
20 - 39%	responsibility in benefits administration is 10 points per year;
40 - 100%	responsibility in benefits administration is 14 points per year.

**Pro-rating for partial year report: If period covered in Section I-1 is less than 12 full months, divide the number of whole months worked by 12 and multiply the resulting fraction by the number of points listed above.*

TOTAL EXPERIENCE POINTS CLAIMED . . . . . .

SECTION II - - APPLICATION FOR TRANSFER CREDIT

(See Section 5 of the Program *Guidelines and Procedures Booklet.*)

Certification candidates may apply to the certification committee for credit for completing courses in certain other certification programs, as identified in the SALGBA certification guidelines or in subsequent action by the SALGBA Board of Directors. A maximum of ten courses may be transferred. You may request two (2) points for each qualifying course completed.

To transfer courses, please complete the following section, providing the requested information for each course. Also, for each course for which transfer credit is requested, attach appropriate documentation indicating completion of the course. Documentation should include specific reference to the course for which credit is claimed. Documentation should be signed or authorized by the officials responsible for administering the program, by a certificate or award which specifically lists the course, or a letter of certification from the governing institution that supervises the program.

(Reproduce page 3 as necessary to list courses.)
Please make sure your name and signature are on all added sheets.

Note: This form is designed to accommodate various types of transfer credit, including on-line courses. **The questions in green pertain only to those applying for transfer credit for on-line courses.** Please provide as much information as possible to ensure prompt processing of your application.

Title of Workshop: _____

Name of Provider: _____

Date Began: _____ **Date Ended:** _____

Was there an exam? Yes No If so, date and location of exam: _____

Score on exam: _____ **Was exam proctored? Yes No If so, by whom?** _____

What are the minimum, maximum, & passing scores for the exam? _____

Is this workshop a segment of a larger program? Yes No If yes, which one:_____
_____

If this workshop is endorsed or accredited by a training or insurance training association or agency, indicate which one: _____

Description of subject or syllabus of workshop and specific benefits related material covered:
_____
_____

List of readings for course with copyright dates: _____
_____

If the provider has established a standard number of hours of time-on-task for the course, please enter the number here and furnish verification from the provider (course description materials, letter from provider, or other certification.): _____

Otherwise, describe the direct time-on-task in hours for the following:
Reading: _____ **Exercises:** _____ **Exam:** _____
Interaction with other participants and instructor: _____

TOTAL TRANSFER POINTS CLAIMED . . . . . . _____

To view your current educational credit on file please login to the SALGBA Members website and select "My Professional Dev" from the menu on the left. The next screen will display your current educational credit. For your experience credit please contact the SALGBA office.

SUMMARY OF POINTS CLAIMED

Total experiential points claimed (*Section I*)..... _____

Total educational transfer points claimed *(Section II)*..... _____

TOTAL POINTS CLAIMED IN THIS REPORT..... [ ]

Total awarded points from previous reports (If known)..... _____

TOTAL ACCUMULATED POINTS AS OF THIS DATE (If known)..... [ ]

I understand that any willful misrepresentation of my work or educational experience may result in removal from the certification program and revocation of certification if it has already been granted.

Applicant Signature: _____ Date:_____

Supervisor's Signature: _____ Date:_____

Supervisor's Name: _____ Phone: (____) _____

Supervisor's Position: _____

REMEMBER: THE DEADLINE IS JANUARY 31 OF EACH YEAR. THE APPLICATION MUST BE POSTMARKED BY THIS DATE OR IT WILL NOT BE CONSIDERED.

**** HAVE ALL SIGNATURES BEEN OBTAINED?***

**** HAVE YOU ATTACHED A COPY OF YOUR JOB DESCRIPTION?***

**** HAVE YOU ATTACHED VERIFICATION FOR EACH TRANSFER COURSE?***

Mail to::

SALGBA / CGBA
P.O. Box 867
Berea, KY 40403

Rcd: _____

Appr: _____

FOR OFFICE USE ONLY

12/2007