



The premier organization for public sector benefits professionals...

CGBA PROGRAM

Application for Re-Certification Credit

This form is used to report annual activity for re-certification credit in the State & Local Government Benefits Association, Certified Government Benefits Administrator program. **A separate form must be submitted for each year for which credit is claimed** during the five years required for re-certification. Forms must be submitted in January, for the prior calendar year or years of activity. Forms for several years can be submitted together, but candidates are strongly encouraged to submit them annually for review. **All credit toward re-certification must be claimed by January 31st of each year in which the re-certification is due to be awarded.**

Name: _____

Employer: _____

Division: _____

Agency/Bureau: _____

Job Title: _____

Business Street Address: _____

City, State & Zip Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Email: _____

Year CGBA Certification received: _____

Year CGBA Re-certification received: _____

Please mail completed forms to:

SALGBA-CGBA Program

P.O. Box 867

Berea, KY 40403

www.salgba.com

There is a ***one time Re-Certification Fee*** of

\$25.00

To verify if payment has been made previously you may log into your member profile.

Please make check payable to SALGBA.

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

Calendar Year for which Report is Being Made: _____

Activity During Year

Points

1. Membership

If you were a member of SALGBA during the year this report is being made, enter one (1) point.

(Maximum allowed: one (1) point per year over five years.)..... _____

2. Service to the Association

(a.) If you served as an Officer of SALGBA, enter three (3) points.

(Maximum allowed: three points over five years.) _____

(b.) If you served as a Board Member of SALGBA, enter two (2) points.

(Maximum allowed: Two points over five years) _____

(c.) If you served as a Committee Member of SALGBA enter one (1) point.

(Maximum allowed: one point per year.) _____

3. Professional Contributions

(a.) If you developed and presented a workshop at a SALGBA national or regional conference, you are allowed to count two (2) points for each hour of the workshop itself, plus two (2) points for preparation.

(Maximum: eight (8) points for workshops over five years.)

Name of Workshop: _____

Location: _____ Date(s): _____

Length in Hours: _____ x 2 = _____

Two (2) points for Preparation (x) number of presentations = _____

TOTAL POINTS FROM WORKSHOP(S)

(Maximum of 8 points.) _____

(b.) SALGBA Conferences Attended

If you attended a SALGBA national or regional conference, you may count one (1) point for each conference attended.

(Maximum: ten (10) points over five years.)

Location of national conference(s): _____ x 1=..... _____

Location of regional conference(s): _____ x 1= _____

(c.) Articles in the SALGBA Newsletter

If you published an article in a SALGBA newsletter, you may count one (1) point for each article published. (Maximum: five (5) points over five years.)

Title of Article(s) (for this calendar year only):

_____ x 1 =..... _____

4. Special Achievements

The SALGBA Board of Directors may, from time to time, confer recognition for a special or unique contribution to the association. Such recognition may be counted for five (5) points, up to a maximum of ten points over five years.

Recognition: _____
_____ x 5 = _____

TOTAL PROFESSIONAL ACTIVITY POINTS CLAIMED.....

5. Transfer Credit

If you completed a workshop(s) in other certification programs recognized as eligible for transfer credit under the CGBA Guidelines, you may count two (2) points per workshop(s) completed, up to a maximum of six (6) points over five years.

NOTE: This section has been designed to accommodate various types of transfer credit, including transfer requests for 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 review your current standing in the program in regards to you education credit you may login at www.salgba.com and select the My Professional Development link located in the left hand menu. This will show all education credit earned towards re-certification.

Summary of Points Claimed

Total professional activity points claimed (Section 1-4) .. _____
Total transfer credits claimed (Section 5)..... _____
Total points claimed with this report.....
Total points awarded from previous reports (if known)..... _____
Total accumulated points to-date (if known)

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

Applicant Signature: _____

Date: _____

** Have you signed the form?*

** Have you made a copy for your records?*

FOR OFFICE USE ONLY

Rcd: _____

Appr: _____