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ALEXANDRIA, VA 22314

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# ADVANCED CERTIFICATE PROGRAM APPLICATION

## CANDIDATE INFORMATION:

Candidate Name \_\_\_\_\_

Title \_\_\_\_\_

Member/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## ADDITIONAL REQUIREMENTS:

All candidates must have completed the Professional Certificate Program and have a minimum of 5 years experience in a policy or government affairs-related field.

Please check all that apply.

Professional Certificate Program Graduate

Year: 20\_\_\_\_

Minimum 3 years experience in a policy or government affairs-related field

Employment History: \_\_\_\_\_  
\_\_\_\_\_

*\*Note: there is no cost to enroll in this program*

*My signature below confirms that I, as a State Government Affairs Advanced Certificate Program candidate, have reviewed and acknowledge the SGAC requirements to participate in the Program and have submitted information on this application that is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_