



STATE GOVERNMENT AFFAIRS COUNCIL
515 KING STREET, SUITE 325
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, have a minimum of 5 years experience in a policy or government affairs-related field, and serve in SGAC's Vanguard Program.

Please check all that apply.

Professional Certificate Program Graduate

Year: 20____

Minimum 5 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 _____