

MACC Certificate Training Program

Advanced Certificate Program

Application for Enrollment

First Name: _____ Last Name: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail Address: _____

Employer: _____ Position: _____

Prerequisites Met (Check all that apply)

_____ Completed Fundamentals Course Month: _____ Year: _____

_____ Served on Massachusetts Conservation Commission(s) at least five years
(Include letter from Commission(s) indicating date(s) of appointment and precise length of service)

_____ Administrator or agent for Massachusetts Conservation Commission(s) for at
three years in a position that is at least half time
(Include letter from Commission(s) with precise length and hours/week of employment)

I attest that the above information is current and accurate:

Signature _____ Date _____

Credits from completed MACC Advanced Courses will be automatically applied to your MACC Training Program record. For Cross-Credit, you will need to complete (Form B).

A Complete Application Includes:

- Completed Application (Form A)
- Documentation indicating prerequisites have been met
(Fundamentals Documentation not Necessary)
- Application fee (check for \$25 made out to MACC - no nrefundable)
- Completed Cross-Credit Request (Form B) if you have taken any courses at other institutions for which you would like to receive credit

Send to: MACC, 10 Juniper Road, Belmont, MA 02478 Attn: Advanced Training Program