

## Certificate in Public Affairs Management Application for Enrollment

Name:

Date:

Organization:

Title:

Email:

Phone:

Name of person to whom you report:

Title of person to whom you report:

Would you like us to keep your supervisor updated with your progress? Yes: ☐ No:

To apply for the program, individuals must have a minimum of seven, preferably 10 or more, years of experience during which the individual demonstrated responsibilities for function management, cross-functional leadership and/or strategy-level decision-making for public affairs.

Please list number of years of applicable experience:

Please list your relevant roles and place of employment, as they relate to public affairs management.

ORGANIZATION	TITLE	DATES OF EMPLOYMENT	DID YOU SUPERVISE EMPLOYEES?
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Please provide a comprehensive overview of your current responsibilities.

What are your areas of expertise?

What are you hoping to achieve in pursuing this certificate?

*\*If you'd like to add any supporting materials (resume, etc.) or expand upon your answers above, please attach to your application upon submitting or send to [certifications@pac.org](mailto:certifications@pac.org).*

☐ I have read and agree to the [terms of enrollment](#).

Signature

Date

**SUBMIT**

Questions? Contact us at [certifications@pac.org](mailto:certifications@pac.org)