

Certificate in PAC and Grassroots 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: ☐

Applicants must have a minimum of two years' experience in the field of public affairs.

Please list number of years of applicable experience: _____

Please list your previous places of employment and job titles, as they relate to PAC and/or grassroots involvement:

| ORGANIZATION | TITLE | DATES OF EMPLOYMENT |
|--------------|-------|---------------------|
| | | |
| | | |
| | | |

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?

Specialization

You must choose to specialize in either PAC or Grassroots Management, but you may also add a second specialization upon completion of your certificate. Specializations require the completion of 15 credits from programs in the chosen interest area.

Please choose one specialization: ☐ PAC Management
☒ Grassroots Management

☐ By checking this box I acknowledge the \$199 application fee due upon acceptance of this application.

The Council accepts American Express, Discover, MasterCard and Visa. We'll email an invoice that you can pay online or you may call us (202.787.5967) to pay with your credit card. Please do not send credit card information via email, voicemail or text.

☐ I have read and agree to the [terms of enrollment](#).Questions? Contact us at certifications@pac.org

Signature: _____

Date: _____