



CERTIFIED ECONOMIC INCLUSION OFFICER (APPLICATION FOR EXAMINATION – ONLY)

APPLICATION INSTRUCTIONS

When to Apply: Applications must be submitted by October 1.

How to Submit: Email completed application in PDF form, with application appearing first, followed by all supporting documentation, to the CEIO Certification Committee, c/o Crista Cuccaro, UNC School of Government, cuccaro@sog.unc.edu, with a copy e-mail to ceio@mwbecoordinators.org.

Application Fee: None

Completing the Application:

****If applying to take BOTH the NCCN examination AND for certification, complete and submit the full Application for Certification.**

- A. Applicant Information:** Complete all required information fields.
- B. Core Courses:** List the dates on which all core courses were taken. Attach copies of course completion certificates provided by SOG at the end of each course. Because an SOG transcript only documents registration for a course and does not verify completion, SOG transcripts should not be submitted in lieu of the course completion certificates for each course.
- C. NCCN Member in Good Standing:** Check the box (yes or no) that indicates your current NCCN membership status. You **MUST** be a member in good standing of NCCN to be eligible to sit for the NCCN Certification examination. You may join/renew your membership online at www.mwbecoordinators.org.

—→ **APPROVAL TO SIT FOR THE CEIO EXAMINATION IS GIVEN IN THE SOLE DISCRETION OF THE CEIO CERTIFICATION COMMITTEE. THE COMMITTEE RESERVES THE RIGHT TO AWARD OR DENY CREDIT FOR CERTIFICATION POINTS OR OTHER CERTIFICATION REQUIREMENTS.**

—→ **IT IS THE SOLE RESPONSIBILITY OF EACH APPLICANT TO SUBMIT A COMPLETE AND WELL- ORGANIZED APPLICATION DEMONSTRATING THE PROFESSIONAL COMPETENCE WORTHY OF CEIO CERTIFICATION. THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY APPLICATION THAT IS SUBMITTED WITHOUT COMPLETE SUPPORTING DOCUMENTATION AS DESCRIBED ABOVE AND DETAILED MORE FULLY IN THE CEIO CERTIFICATION MANUAL. APPLICANTS SHOULD FULLY REVIEW THE CEIO CERTIFICATION MANUAL AT WWW.MWBECOORDINATORS.ORG.**



A. Applicant Information

Applicant's Name: _____ Date: _____
Employer: _____ Telephone: _____
Address: _____
City: _____ Zip: _____
Email: _____ Fax: _____

B. Core Courses *(attach all required documentation)*

	Dates Taken
Basic Principles of Local Government Purchasing	_____
Contracting for Construction and Design Services	_____
Minority Participation Programs and Public Contracting	_____

C. NCCN Member in Good Standing: Yes No