



Government Meeting Specialist (GMS) Initial Application



GMS Initial Application SGMP Louisiana Chapter

Date: _____

SGMP Louisiana Chapter
Post Office Box 84825
Baton Rouge, LA 708884

Dear Chapter Treasurer,

I would like to obtain the Government Meeting Specialist (GMS) certificate through the Louisiana Chapter. Please review my documentation and confirm my status for certificate. I have enclosed the following:

- 1. This completed application for certification
- 2. My job description
- 3. My tracking sheet confirming completion of required contact hours for GMS

Submitted by (Name): _____

Title: _____

Company: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

Chapter Leader Use Only:

- Membership records: Membership Active
- Application fee verified by Treasurer



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This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence and I agree to uphold high standards of ethics, a commitment to my professional responsibilities as a meeting professional and I will make every effort to contribute to my profession and to SGMP Louisiana Chapter. I verify:

- (1) I am a member of the Louisiana Chapter of SGMP.
- (2) My current job responsibilities include:

Employment History (list the last fifteen years including present employment)

Name of Employer	Dates Employed		Position\Title
	Start Date	End Date	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to the Louisiana Chapter of SGMP, its staff, and/or its program committee to review and verify the information contained in, or in connection with, this application.

I, _____, certify I am a current member and that the information in this application is accurate and correct to the best of my knowledge.

(Signature)

(Print or type Name)



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Verification by Immediate Supervisor or Executive Director

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said the applicant has correctly and accurately checked the areas of responsibility indicated on Page 2; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in meeting planning assignments and responsibilities.

(Signature)

(Print or type Name)

(Position)

(Company)

(Address)

(City, State, Zip Code)

(Telephone)