

## CLERK CERTIFICATION PROGRAM – APPEAL FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Court: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What was your last academic year to be certified? \_\_\_\_\_ At what level? \_\_\_\_\_

Please indicate a record of qualified education hours you have completed in an effort to meet the educational requirements for certification. Include copies of each certificate recorded below and submit with this appeal.

Educational Seminar Attended:	Date(s):	Provider:	# of Hours:
<b>Total Hours:</b>			

Describe the reason you were unable to complete your required hours. If additional space is needed, you may attach a letter to the appeal application. This information will be considered at the next regularly scheduled Municipal Courts Education Committee meeting.

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**Submit form by email with subject line “Clerk Certification Appeal” to: [certification@tmcec.com](mailto:certification@tmcec.com).**