



ACHIEVEMENT PROGRAM ASSOCIATION OFFICIAL RECORD AND VALIDATION FORM May 2006

PLEASE ATTACH THIS FORM TO A COMPLETED STATEMENT OF QUALIFICATIONS (SOQ) FORM.

Member's Name: _____

NMRA #: _____

Date Submitted: _____

Region: _____

To qualify for this certificate you must:

1. Serve in an office of President, Vice President, Secretary, Treasurer, Trustee or Director and have completed satisfactory service in one of the following:

- At least one year in the office at the National level.
- At least two years in the office(s) at the regional level, of which one year shall be that of Region President or Trustee (the Trustee position was eliminated in January of 2005 with the new regulations)
- At least three years in the office(s) at the regional level if other than that of Region President or Trustee.
- Division Superintendents or Directors who serve as voting members of the Regional Board of Directors, either by election, appointment or automatic by-law provision shall be eligible for the Certificate on the same basis as any other Regional Board member.

2. Submit a completed Statement of Qualifications (SOQ) listing the offices held with dates (which must be a matter of record) and containing the signature of a qualified witness to the record (usually the Region President or Secretary).

POSITION HELD	FROM	TO	LEVEL N - National R - Regional D - Divisional	VERIFIED BY	NMRA#

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REGIONAL AP CHAIR: _____ REGION: _____ DATE: _____