



Georgia Council of Court Administrators Application for the Certificate Program

GCCA Certificate Program ICM Certified Court Manager

Name: _____

Court: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

The following questions are not related to qualification for the Certificate Programs, but are to assist the Georgia Council of Court Administrators in administering the programs and to prioritize limited training slots.

I have been a member of the Georgia Council of Court Administrators for _____ years.

I have attended _____ Georgia Council of Court Administrators conferences over the past 5 years.

I have been employed in a court or court program in Georgia for the past _____ years.

My highest level of education is: _____.

You MUST attach your current resume and a letter of recommendation from your supervisor, judge or a city/county executive.

Mail the application to:
GCCA/Certificate Program
244 Washington Street, SW Suite 300
Atlanta, GA 30334-5900
MyGCCA@gmail.com