

# RMC

## Registered Municipal Clerk

### Application for Certification

by the RMC Certification Committee of the



NEW YORK STATE  
TOWN CLERKS  
ASSOCIATION

This Application has three parts:

**Basic Requirements**

**Education - 50 Points**

**Experience - 50 points**

**Renewal Requirements**

**Education - 20 Points**

**Experience - 20 points**

All of the above must be met before the application can be submitted

Name \_\_\_\_\_

Title \_\_\_\_\_

Municipality \_\_\_\_\_

**THIS BOX IS FOR RMC CERTIFICATION COMMITTEE USE ONLY**

Approval Date: \_\_\_\_\_

RMC #: \_\_\_\_\_

Expires: \_\_\_\_\_

Signed: \_\_\_\_\_

(Quarterly Expiration)

Payment Received: Voucher \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

New York State  
Registered Municipal Clerk

# Code of Ethics

**Believing in Freedom throughout the World allowing increased cooperation between municipal clerks and other officials, locally, nationally and internationally, I do hereby subscribe to the following principles and ethics which I affirm will govern my conduct as municipal clerk:**

**To uphold constitutional government and the laws of my community;**

**To so conduct my life as to be an example to my fellow citizens;**

**To impart to my profession those standards of quality and integrity that the conduct of the affairs of my office shall be above reproach and to merit public confidence in our community;**

**To be ever mindful of my neutrality and impartiality, rendering equal service to all and to extend the same treatment I wish to receive myself;**

**To record that which is true and preserve that which is entrusted to me as if it were my own; and**

**To strive constantly to improve the administration of the affairs of my office consistent with applicable laws and through sound management practices to produce continued progress and so fulfill my responsibilities to my community and others.**

**These things, I, as a Municipal Clerk, Do Pledge to do in the interest  
and purposes for which our government has been established.**

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Signature

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Date

I hereby apply for certification or renewal as a Registered Municipal Clerk by the RMC Certification Committee, and I hereby attest that the following statements and presentations are accurate and true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Personal Data

Name \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_  
Work Home

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

Supervisor Name/Address/Email \_\_\_\_\_

Official Newspaper (for press release) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

## Basic Requirements

Check all that apply

☐ Verified

I am a ☐ Town Clerk

☐ Deputy Town Clerk

☐ Elected

☐ Appointed

Length of Term 2 Years 4 Years *Circle One*

☐ I am a member of the NYS Town Clerks Association No. of years \_\_\_\_\_ (3 year minimum)

☐ I am a Registered Municipal Clerk Expiration Date \_\_\_\_\_

☐ I have affirmed my belief in and practice of the RMC Code of Ethics.

☐ I have obtained a minimum of 50 points in the Education category and 50 points in the Experience category  
**OR**

☐ I have obtained a minimum of 20 points in the Education category and 20 points in the Experience category

☐ I have enclosed the applicatio fee or voucher and understand that it is not refundable

☐ \$75.00 Original Application

**OR**

☐ \$30.00 Renewal Fee

(5 years from Expiration Date)

# Education

**Basic App - 50 Points**

**Renewal App - 20 Points**

<u>Type of Education</u>	<u>Points</u>	<u>MAX pts</u>	<u>For NYSTCA Use</u>
Attendance at NYSTCA Annual Conference	12 per conference	50	
Attendance at NYSTCA Regional Meetings	3.5 per session	30	
Visioneer Trainings	.5 per session	20	
New York State Archives Workshops	1 per session	20	
Clerk in-service education class, seminars, & teleconferences	1 per session	20	
Computer Training, Continuing Education, Professional Development seminars (i.e. Career Trak, Fred Pryor, etc.)	1 per session	20	
Notary - <b>can be submitted only one time</b> (photocopy of card must be included)	2.5	2.5	
Master's Degree in Public Administration or related field, or	20	20	
Master's Degree in unrelated field, or	18	18	
Bachelor's Degree in Public Administration or related field, or	18	18	
Bachelor's Degree in unrelated field, or	16	16	
Associate's Degree in Public Administration or related field	10	10	
Associate's Degree in unrelated field, or	8	8	
College/no degree	.5 per course	8	
<b>Total College Credit Allowed</b>	<b>20</b>		
IIMC CMC Designation	14	14	
IIMC MMC Designation	6	6	
IIMC Annual Institute/Annual Conference	4 per year	12	
Attendance at County Association Meeting	.5 per meeting	10	
Attendance at another Association Annual Conference	2 per year	28	
<b>*Attendance at classes must be certified by NYSTCA</b>			

(Related fields include, but not limited to: records management, political science, government, business administration, accounting, economics, finance, or one of the social sciences)

# Experience

Basic App - 50 Points

Renewal App - 20 Points

Type of Education	Points	MAX pts	For NYSTCA Use
Experience as full-time Municipal Clerk	10 per year	50	
Experience as full-time Deputy Municipal Clerk	8 per year	50	
Experience as part-time Municipal Clerk **	8 per year	50	
Experience as part-time Deputy Municipal Clerk**	6 per year	50	
Other administrative position in local government prior to becoming Municipal Clerk or Deputy Municipal Clerk			
Full Time	1 per year	10	
Part Time	.5 per year	5	
Administrative position in federal or state government	2 per year	10	
Administrative position in business	1 per year	5	
NYSTCA Association Officer	3 per year	18	
NYSTCA Association District Director/Committee Chair	2 per year	10	
County Association Officer	1 per year	5	
Position in related professional association	1 per year	5	
<b>** Less than 20 hours per week</b> <b>Copies of Oaths of Office MUST be submitted</b>			

## Prior Position

☐ Mark box if an additional sheet is attached

Position held			
Employer			
From		to	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time**	
<input type="checkbox"/> Administrative		<input type="checkbox"/> Supervisory	
Administrative Responsibilities			
Total Yrs. _____ X _____ = _____			

Position held			
Employer			
From		to	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time**	
<input type="checkbox"/> Administrative		<input type="checkbox"/> Supervisory	
Administrative Responsibilities			
Total Yrs. _____ X _____ = _____			

**This page or a form similar MUST be submitted with your application or your application will not be reviewed.**

## EDUCATION

**Please list all courses, seminars etc. and attach certificates or proof, in order**

<u>Date</u>	<u>Training or Workshop Title</u>	<u>Sponsor</u>	<u>Hours</u>	<u>Est. Points</u>
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[illegible]

It is the intent of the RMC program to promote the continued education of Municipal Clerks to enable clerks to better serve their boards and communities. All "Registered Municipal Clerk" designations shall expire at the end of five years. Recertification criteria will be established by the Certification Committee.

The RMC program is administered by the New York State Town Clerks Association. The NYSTCA reserves the right to amend any section of this application at any time.

The Certification Committee reserves the right to award education points in its discretion based on the submittal of adequate documentation. Adequate documentation may include, but not be limited to proof of attendance, course essay, attendance certificates, registration receipts, copy of notary commission card and a **copy of oath of office for each term** elected/appointed. Requirements must be satisfied prior to submission to Certification Committee.

When completed, mail:

- ☐ This application
- ☐ Voucher or Application Fee made payable to NYSTCA
- ☐ Transcripts, copy of diploma or other supporting documents to:

***New York State Town Clerk's Association***

**RENEWALS:** All documentation must be dated AFTER issuance of your current RMC certificate.

**RMC CHAIR:**

Amy Bellardo, RMC/MMC

Town ofEllicott

215 S Work St.

Falconer, NY 14733

716-665-5317 / abellardo@townofellicott.com