NEW ENGLAND CEMETERY ASSOCIATION
CERTIFIED CEMETERY PROFESSIONAL APPLICATION

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OVERVIEW

The fundamental purpose for which this Association exists is to inspire continued effort toward the improvement of American cemeteries. To this end, the New England Cemetery Association (NECA) has established this New England Certified Cemetery Professional (NECCP) program in its continuing efforts to increase knowledge, uphold standards and ensure integrity and professionalism in our New England cemeteries.

ELIGIBILITY

A cemetery professional is defined as an individual whose primary responsibilities are the management of the day-to-day operations of a cemetery.

A cemetery professional meeting the following qualifications, and providing the following documents, is eligible to apply for the New England Certified Cemetery Professional by completing the application form and submitting it with the appropriate fee.

Qualifications:

1. Active member of NECA in good standing with a minimum of seven years of cemetery experience.

2. Attended at least one (1) NECA Annual Conference and six (6) NECA Management Seminars.

3. Have been a director in their respective state cemetery association and fulfilled the term of that office.

4. Served on an N.E.C.A. committee.

Documentation:

1. Letter of recommendation from an active NECA professionally certified member

2. Letter of recommendation from an officer of the applicant's State Cemetery Association.

3. Submit with application a photo identification.

FEE: $50.00 application fee is required with this application.

Applications will be reviewed semi-annually by a committee comprised of the following:

1. President

2. 1st Vice President

3. 2nd Vice President

4. Secretary

5. Treasurer

6. Immediate Past Active President

The following criteria will be considered in reviewing the application:

1. Experience

2. Education

3. Leadership

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New England Cemetery Association
P.O. Box 227
Milford, Connecticut 06460

NEW ENGLAND CERTIFIED CEMETERY PROFESSIONAL
(Please Type)

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DATE OF APPLICATION _____ _____

NAME _____

TITLE OF PRESENT POSITION _____

CEMETERY _____

OFFICE ADDRESS _____

OFFICE TELEPHONE NUMBER _____FAX #_____

HOME ADDRESS _____

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CEMETERY SUPERVISORY OR MANAGERIAL EXPERIENCE

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CURRENT EMPLOYER_____

OFFICES OR POSTIONS HELD_____

DATES OF EMPLOYMENT _____

DESCRIPTION OF RESPONSIBILITIES _____

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FORMER EMPLOYER_____

COMPANY_____

OFFICES OR POSITIONS HELD_____

DATES OF EMPLOYMENT_____

DESCRIPTION OF RESPONSIBILITIES_____

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FORMER EMPLOYER_____

COMPANY_____

OFFICES OR POSITIONS HELD_____

DATES OF EMPLOYMENT_____

DESCRIPTION OF RESPONSIBILITIES_____

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EDUCATIONAL PROGRAMS

YEARS ATTENDED ANNUAL CONFERENCE & MEETING

19   19   19   19   19   19   19   19   19   19   19   20   20   20   20   20

YEARS ATTENDED MANAGEMENT SEMINAR (NEW ENGLAND CENTER)

19   19   19   19   19   19   19   19   19   19   19   20   20   20   20   20

OTHER CONFERENCES ATTENDED

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CONTRIBUTIONS TO THE CEMETERY PROFESSION

Position held as an officer, board member, committee chairman, committee member of NECA or any other recognized state or national cemetery association.

ORGANIZATION _____

OFFICE OR POSITION HELD _____

ORGANIZATION _____

OFFICE OR POSITION HELD _____

ORGANIZATION _____

OFFICE OR POSITION HELD _____

ORGANIZATION _____

OFFICE OR POSITION HELD _____

ORGANIZATION _____

OFFICE OR POSITION HELD _____

CONTRIBUTIONS TO THE PROFESSIONAL CEMETERY ASSOCIATION (Continued)

INSTRUCTOR OR SPEAKER AT PROFESSIONAL EDUCATION PROGRAMS, seminars, workshops, conferences.

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EDUCATION

INSTITUTIONS	DATES	ACHIEVEMENT EARNED	OTHER AREAS OF EXPERTISE
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CIVIC ACTIVITIES
(if none, so state)

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Please describe what you believe to be the principal contributions you have made to the cemetery industry.

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In making this application, I subscribe to the NECA Code of Ethics with the knowledge that any false statement or misrepresentation that I make in the course of applying as a **New England Certified Cemetery Professional** may result in revocation of this application. I hereby acknowledge the information on this form is accurate.

_____   _____
Signature of Applicant   Date

Application will not be accepted if letters of recommendation are not included.