

**NJSMPA Application for Certification**

I, \_\_\_\_\_, Municipal Prosecutor in \_\_\_\_\_ and a current member of the NJSMPA, having satisfied the requirements now seek certification.

(Select Track)

**I. Senior Track**

1) I have 10 cumulative years of prosecutorial experience in the following municipalities.

<u>Municipality</u>	<u>Date of Service</u>
_____	_____
_____	_____
_____	_____

2) I have completed 12 credit hours prior to my initial certification.

3) I have completed 12 credit hours since the date of my last certification.

**II. Standard Track**

1) I have 5 cumulative years of prosecutorial experience in the following municipalities.

<u>Municipality</u>	<u>Date of Service</u>
_____	_____
_____	_____
_____	_____

2) I have completed 36 credit hours prior to my initial certification.

3) I have completed 12 credit hours since the date of my last certification.

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: \_\_\_\_\_

Please mail this completed form along with a photograph head shot to:

NJSMPA  
P.O. Box 3320  
Hamilton, New Jersey 08619

## Application for NJSMPA Certification Training Credits

Name \_\_\_\_\_

Municipal Prosecutor of \_\_\_\_\_

I certify that on, \_\_\_\_\_, I attended an approved NJSMPA Certification Training Seminar entitled \_\_\_\_\_, held at \_\_\_\_\_.

The course of instruction included the following topics \_\_\_\_\_.

I further certify that I successfully completed this approved certification credit-training seminar and now make application for \_\_\_\_\_ NJSMPA certification credits.

\_\_\_\_\_  
Municipal Prosecutor

Please return this form along with your check for \$15.00 made payable to the NJSMPA to:

NJSMPA  
P.O. Box 3320  
Hamilton, NJ 08619