

P.Q.M.C. CERTIFICATE OF ATTENDANCE

NAME: (please type or **PRINT** how it should appear on certificate)

Complete address certificate should be mailed to:

Municipality (you currently work for): _____

EMAIL: _____

Are you a PSTCA member: Yes ___ No ___ * PSTCA ID# (required): _____

CLASS TITLE and WORKSHOP ID (assigned by PSTCA): _____

_____ DATE OF CLASS: _____

Length of workshop: _____ # of PQMC credits sought: _____

LOCATION OF CLASS: _____

INSTRUCTOR NAME: _____

By signing below, I, the INSTRUCTOR/SPONSOR, hereby attest that the above named has attended the course listed above and seeks _____ PQMC continuing education enrichment credits in accordance with the prescribed Pennsylvania Qualified Municipal Tax Collector Training and Continuing Education Program guidelines
I / we understand that false or misleading statements on my / our part on this affidavit or otherwise will disqualify the applicant from consideration for PQMC designation in the future.

SIGNATURE OF INSTRUCTOR OR SPONSOR: _____ Date signed: _____

PLEASE RETURN TO (this form must be submitted before December 31)

PSTCA

P.O. Box 528

Somerset, PA 15501

*This form should be kept by collector as proof of satisfactory completion and approval of workshop. **This form only need be submitted to the PSTCA if credits will not be submitted by sponsor.***

***If you are not a PSTCA member, a \$10.00 per credit fee must accompany this form.**