

Accredited Chamber Executive (ACE) *Application*

Name _____
 Chamber _____
 Address _____
 City/State/Zip _____
 Telephone _____ Fax _____
 E-mail _____
 Number of Years in Profession _____

Three (3) points per year completed (maximum 12 points)

Submit proof* of graduation from Institute for Organizational Management or prior career and/or management experience. (Committee must approve equivalent experience to Institute.)

Two (2) points for each (maximum 16 points)

Submit proof* of attendance at a minimum of four (4) KCCE conference.

Years of attendance _____

Two (2) points for each (maximum 6 points)

Submit proof* of attendance at recognized professional development conferences, such as:

- | | |
|---|---|
| <input type="checkbox"/> KCCE Boot Camp | <input type="checkbox"/> ACCE Annual Convention |
| <input type="checkbox"/> KCCE Fall Workshop | <input type="checkbox"/> U.S. Chamber Conference/Meeting |
| <input type="checkbox"/> KCCE webinar or other training _____ | <input type="checkbox"/> Kentucky Chamber Business Summit |
| <input type="checkbox"/> KCCE Public Policy Boot Camp | <input type="checkbox"/> Other _____ |

Four (4) points for each (maximum 12 points)

Submit proof* for at least three statewide, regional or national volunteer professional leadership roles, such as:

- | | |
|--|---|
| <input type="checkbox"/> KCCE Conference Committee | <input type="checkbox"/> KCCE Board Member |
| <input type="checkbox"/> KCCE Board Officer | <input type="checkbox"/> Kentucky Chamber Board or Committee Member |
| <input type="checkbox"/> Institute for Organization Management Class Advisor | <input type="checkbox"/> Institute for Organization Management Board of Regents |
| <input type="checkbox"/> KCCE Conference Speaker/Panel Member | <input type="checkbox"/> Speaker at Other Professional Development Conferences |
| <input type="checkbox"/> Other: _____ | |

Two (2) points each (maximum 8 points)

Submit proof* of involvement in local leadership roles, such as:

- | | |
|--|---|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> School Board |
| <input type="checkbox"/> Downtown Revitalization | |
| <input type="checkbox"/> Service Organization(s) (please list) _____ | |
| <input type="checkbox"/> Other: _____ | |

Up to six (6) points

Submit a 250-word or less essay describing your philosophy on chamber management using examples from your career.

Signature _____

Date _____

*Letters, brochures, conference programs, certificate of completion, receipt of payment, etc.

Submit to: KCCE, 464 Chenault Road, Frankfort, KY 40601

Completed applications must be submitted to KCCE by March 31, along with a letter of recommendation and resume of professional experience.

The \$25 application fee must accompany all applications.

Questions? Contact Amy Cloud at 502-848-8738 or acloud@kychamber.com.