



# Accredited Chamber Executive (ACE) Re-Accreditation Application

Name \_\_\_\_\_  
 Chamber \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 When did you receive your original ACE? \_\_\_\_\_

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

**Submit proof\* of attendance at a minimum of eighteen (18) professional development training programs.**

Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
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Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____
Program _____	Attended _____

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 1, along with a resume of professional experience.**

The \$25 application fee must accompany all applications.

*Questions? Contact Ali Crain at 502-848-8738 or [acrain@kychamber.com](mailto:acrain@kychamber.com).*