



Georgia Council of Court Administrators Application for the Certificate Program

Name: _____

Court: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____



The following questions are not related to qualification for the Certificate Program, but are to assist the Georgia Council of Court Administrators in administering the Certificate Program.

I have been a member of the Georgia Council of Court Administrators for _____ years.

I have attended _____ Georgia Council of Court Administrators conferences over the past five years.

I have been employed in a court in Georgia for the past _____ years.

My highest level of education is: _____.

Please attach your current resume and a letter of recommendation from your supervisor, judge or a member of the Georgia Council of Court Administrators. Mail the application to:

GCCA/Certificate Program
P.O. Box 38293
Atlanta, GA 30334