THE UNIVERSITY of TENNESSEE

MUNICIPAL TECHNICAL ADVISORY SERVICE

CERTIFIED MUNICIPAL FINANCE OFFICER PROGRAM
DESIGNATION STATEMENT

(Please check one)

☐ **Continuing Education Employee** (Complete Form 1 only)

☐ **Contract CMFO or Qualified Exempt Individual** (Complete Form 2 only)

City/Town _____

Employee or Contractor
Name _____
(Last) (First) (Middle Initial)

Address _____

_____

Telephone _____ E-mail _____

Form 1	**Verification of Continuing Education Employee by Municipality**
I certify that _____ is employed by the city/town of _____, has oversight responsibilities relative to the municipality's financial operations, and is required to complete 24 hours of continuing education annually as required by the Municipal Finance Officer Certification and Education Act of 2007.	
Mayor Name	
Mayor Signature	
Date	
Attested by: City Recorder Name	
City Recorder Signature	

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Form 2 Verification of Contract CMFO or Exempt Individual by Municipality

I certify that the city/town of _____ has contracted with _____ to provide financial oversight of all the municipality's financial operations as required by the Municipal Finance Officer Certification and Education Act of 2007.

I further certify to the best of my knowledge and belief that this individual is a:

_____ Certified Public Accountant with 5years government experience, 3 within Tennessee. This CPA is **not** the individual or firm that performs the annual financial audit of the municipality.

_____ Certified Government Finance Manager (CGFM)

_____ Certified Public Finance Officer (CPFO)

_____ Certified Municipal Finance Officer (CMFO)

Mayor Name	
Mayor Signature	
Date	
Attested by: City Recorder Name	
City Recorder Signature	

Please mail to:
Municipal Technical Advisory Service
600 Henley Street, Suite 120
Knoxville, TN 37996-4105
Attention: CMFO Program