

### Application Instructions

**When to Apply:** Applications must be submitted by October 1.

**How to Submit:** Email completed application in .pdf form, with application appearing first followed by all supporting documentation, to the CEIO Certification Committee, c/o Connor Crews, UNC School of Government, [c crews@sog.unc.edu](mailto:c crews@sog.unc.edu) with a copy e-mail to [ceio@mwbecoordinators.org](mailto:ceio@mwbecoordinators.org).

**Application Fee:** The application fee is \$75.00. Payment should be submitted by credit card or check. **If paying by credit card, please pay via PayPal at [www.mwbecoordinators.org](http://www.mwbecoordinators.org) and include a copy of the receipt in your completed application documents.** If paying by check, please fill out the voucher included in the application form and submit with completed application. An invoice will be emailed to you.

#### **Completing the Application:**

**\*\*If applying to take the CEIO examination prior to obtaining all required certification points and 2 years of professional experience, complete the CEIO Examination-Only application.**

- A. **Applicant Information:** Complete all required information fields.
- B. **Core Courses:** List the dates on which all core courses were taken and one NCCN Conference was attended. NCCN Conference verification of attendance may be obtained by contacting the NCCN Secretary at [secretary@mwbecoordinators.org](mailto:secretary@mwbecoordinators.org). To document completion of School of Government ("SOG") core courses, attach copies of course completion certificates provided by the SOG at the end of each course. Note that because an SOG transcript only documents registration for a course, but does not verify completion, a SOG transcript should not be submitted in lieu of a course completion certificates for each course.
- C. **NCCN Member in Good Standing:** Check the box (yes or no) which indicates your current NCCN membership status. You **MUST** be a member in good standing of NCCN at the time that your application is submitted to be eligible for certification. You may join/renew your membership online prior to submission at [www.mwbecoordinators.org](http://www.mwbecoordinators.org).
- D. **CEIO Examination:** The SOG anticipates that the CEIO Examination will be administered the Saturday before the Annual Professional Development Conference.
- E. **Professional Experience:** Include with the application verification by employer(s) of a minimum of two years' experience in the Public Supplier Diversity Profession. The Public Supplier Diversity Profession includes (i) employment by a political subdivision or other public body at the local, state, or federal levels in the United States in a position reasonably related to the public supplier diversity profession (including,

Certified Economic Inclusion Officer  
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without limitation, a purchasing officer, project manager, MWBE coordinator, DEI professional, or diversity professional), and (ii) employment by a private entity in a position directly related to sales of personal property, services, or construction and repair services to a political subdivision or other public body at the local, state, or federal levels in the United States and reasonably related to the promotion of diversity in connection with such sales.

**F. Certification Points:**

- A total of 100 certification points is required. Points may be earned in three categories: professional education, higher education degree, and service to NCCN. Points earned in excess of the 100 points required for initial certification shall not be credited for a subsequent recertification cycle. The committee reserves the right to determine whether the items listed by an applicant shall be credited towards an applicant's required certification points.
- Refer to the CEIO Certification Manual for detailed information on what courses and activities are eligible for credit. The CEIO Certification Manual can be viewed on the website at [www.mwbecoordinators.gov](http://www.mwbecoordinators.gov).
- Application MUST include documentation verifying attendance for EACH professional education course/seminar for which you seek credit. Documentation must show the number of hours of classroom instruction (excluding breaks, lunch, and other non-instructional activities).
- If credit is sought for higher education degree, include proof of degree award (such as copy of diploma or transcripts).
- List points total for each category (professional education, higher education degree, and NCCN service) and add together for total certification points.

***THE AWARD OF CERTIFICATION IS MADE IN THE SOLE DISCRETION OF THE NCCN CERTIFICATION COMMITTEE. THE COMMITTEE RESERVES THE RIGHT TO AWARD OR DENY CREDIT FOR CERTIFICATION POINTS OR OTHER CERTIFICATION REQUIREMENTS.***

***IT IS THE SOLE RESPONSIBILITY OF EACH APPLICANT TO SUBMIT A COMPLETE AND WELL-ORGANIZED APPLICATION DEMONSTRATING THE PROFESSIONAL COMPETENCE WORTHY OF CEIO CERTIFICATION. THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY APPLICATION THAT IS SUBMITTED WITHOUT COMPLETE SUPPORTING DOCUMENTATION AS DESCRIBED ABOVE AND DETAILED MORE FULLY IN THE CEIO CERTIFICATION MANUAL. APPLICANTS SHOULD FULLY REVIEW THE CEIO CERTIFICATION MANUAL AT [WWW.MWBECOORDINATORS.ORG](http://WWW.MWBECOORDINATORS.ORG).***

**A. Applicant Information**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**B. Core Courses** *(attach completion certificates)*

**Dates Taken**

Basic Principles of Local Government Purchasing	_____
Contracting for Construction and Design Services	_____
Minority Participation and Public Contracting	_____
NCCN Annual Professional Development Conference	_____

**C. NCCN Member in Good Standing:**            Yes            No

**D. Confirm that you are available to take the CEIO Written Examination on the Saturday before the Annual Conference.**

Yes            No            -

**E. Professional Experience** *(attach verification from employer(s))*

**F. Certification Points** *(100 points required)*

**1. Professional Education:** *(provide detailed listing on next page)*

- (1) MWBE / HUB Program Development and Administration: Total Points \_\_\_\_\_ 25 points minimum required)
- (2) Compliance: Total Points \_\_\_\_\_ (25 points minimum required)
- (3) Communication and Advocacy: Total Points \_\_\_\_\_ (10 points minimum required)
- (4) Economic Development: Total Points \_\_\_\_\_ (10 points minimum required)

**Total Professional Education: \_\_\_\_\_ pts**

**2. Higher Education Degree:** *(maximum of 10 points)*

College/University: \_\_\_\_\_  
 Bachelor's degree: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
 Master's degree: \_\_\_\_\_ Date awarded: \_\_\_\_\_

**Total Higher Education Degree: \_\_\_\_\_ pts**

**3. Service to NCCN:** *(maximum of 5 points)*

Board of Directors:  
 Years served \_\_\_\_\_ @ 1 point/yr. \_\_\_\_\_ pts

**Committee Service:**



Certified Economic Inclusion Officer  
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Committee Chair \_\_\_\_\_ year \_\_\_\_\_ @ 1 point ea. \_\_\_\_\_ pts  
Committee member \_\_\_\_\_ year \_\_\_\_\_ @ ½ point ea. \_\_\_\_\_ pts

**Instructor:**

Course (s) \_\_\_\_\_ year \_\_\_\_\_ @ 1 point ea. \_\_\_\_\_ pts  
Course (s) \_\_\_\_\_ year \_\_\_\_\_ @ 1 point ea. \_\_\_\_\_ pts

**Total NCCN Service: \_\_\_\_\_ pts**

**Total Certification Points: \_\_\_\_\_ pts**

**Professional Education Detail**

**MWBE / HUB/ DBE Program Development and Administration:**

Seminar/Class Title*	Date(s) Taken	Hours of Classroom Instruction	Points**
<b>Total Points</b>			

**Compliance:**

Seminar/Class Title*	Date(s) Taken	Hours of Classroom Instruction	Points**
<b>Total Points</b>			

**Communication and Advocacy:**

Seminar/Class Title*	Date(s) Taken	Hours of Classroom Instruction	Points**
<b>Total Points</b>			

**Economic Development:**

Seminar/Class Title*	Date(s) Taken	Hours of Classroom Instruction	Points**
<b>Total Points</b>			

**Use additional sheet if needed**

\*Attach documentation for each seminar/class listed showing verification of attendance and number of hours of classroom instruction.

\*\*1 hour of professional education instruction = 1 point

**Payment Verification and Request Form**

Name:

Company:

Email:

Payment Verification & Request (please check one)

I have paid the \$75 application fee by credit card and a copy of my receipt is attached to the application.

I request an invoice to pay by check due upon receipt.

**Please make checks payable to:** NC MWBE Coordinators' Network | Post Office Box 1856| Raleigh, NC 27602.

**\*All payments made online will incur a processing fee.**