



**Mayors Council of Oklahoma
Certified Mayors Program
Request for Approval of Prior Credit**

Date: _____

Participant's Name: _____

Municipality: _____

Position: _____

Address: _____

City/State/Zip: _____

Phone Number/E-mail: (____) _____ / _____

Name of Meeting or Session attended: _____

Location of Meeting or Session attended: _____

Date of Meeting or Session attended: _____

Hours of Meeting or Session attended: _____

Please be sure to include an agenda, sign-in sheet (or something similar) and any other documentation that might assist the committee in their decision with this form to ensure proper credit is given. Please send to Sarah Lingenfelter at sarah@oml.org or fax to 405-528-7560.

Signature: _____

Do not write in this box – for office use only.

Credit Hours Allowed: _____

Approved By: _____ Date: _____

Signature: _____