

MoCED Exam Application

ALL REQUIREMENTS MUST BE MET PRIOR TO APPLYING FOR THE MOCED EXAM.

Name: _____

Organization: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

General Information – If you need more space, please attach additional sheet(s).

| | | |
|--|---------------------------------|--------------------------------|
| Are you an active member of Missouri Economic Development Council (MEDC)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed a Basic Economic Development Course (BEDC)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attended all four (4) required pre-exam courses offered through Missouri Economic Development Council (MEDC)?* <i>(*Waived if ten years or more experience in economic development field in Missouri.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have at least two (2) or more years in the economic development field in Missouri? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is the length of time that you have been working and/or volunteering in an economic development capacity at the current organization? | _____ Yrs/Mo | |
| What is the combined length of time that you have been working and/or volunteering in an economic development capacity including the current organization? | _____ Yrs/Mo | |

Background and experience in economic development prior to current position: _____

What economic development conferences or courses have you attended during the past 12 months? _____

Briefly describe your economic development career plan(s): _____

| | | |
|--|---------------------------------|--------------------------------|
| Do you agree to pay the MoCED Exam Fee of \$295? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you attached a current resume of your work/volunteer history, including background and experience in economic development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When do you plan to take the MoCED Exam? | _____ Date | |

Important Note: The MoCED Committee will review your application and confirm eligibility for taking the exam. You will receive information following the review with exam preparation instructions and exam date options.

Applicant Signature: _____ Date: _____

Please email completed application/resume to: Brandon Atchison, Executive Director, brandon.atchison@showme.org.
Questions: Contact Brandon Atchison at 573-552-5622