Application for Admission to the Alabama Public Personnel Administrators Educational Certification and Certificate Programs

AAPPA Certifications
Government & Economic Development Institute
213 Extension Hall
Auburn, AL 36849-5225

The AAPPA Program is designed to enhance knowledge and skills of personnel administration. Those eligible to achieve certification are Alabama public personnel administrators, professionals, and administrative support staff who are responsible for various phases of personnel administration.

Designation Requirements:

A. **Alabama Certified Human Resource Professional**
   1. A minimum of two years of professional level administrative, managerial, or professional experience in various phases of personnel administration in an Alabama governmental agency is required before a person can become an Alabama Certified Human Resource Professional. Two years of experience in public personnel administration in another state may be included in lieu of two years of public personnel experience in Alabama. Experience in another state will be considered on a case-by-case basis.
   2. Successful completion of HR Professional Education Program.
   3. Successful completion of Certification Exam.

B. **Alabama Certified Human Resource Specialist**
   1. A minimum of two years of experience providing administrative support services in various phases of public personnel administration in an Alabama governmental agency is required before a person can become an Alabama Certified Human Resource Specialist. Two years of experience in public personnel administration in another state may be included in lieu of two years of public personnel experience in Alabama. Experience in another state will be considered on a case-by-case basis.
   2. Successful completion of HR Specialist Education Program.
   3. Successful completion of Certification Exam or Case Study.
Biographical Information:

Last Name: _________________________  First Name: ________________  M.I. _____

Work Address: ______________________________________________________________

City: _______________________________  State: _______________  Zip: __________

Telephone (Work): ________________________  (Home): ______________________

Fax: ________________________________  E-Mail: ___________________________

Relevant Career Information (List the most recent first)

Job Title 1: _____________________________ from: ____________ to _________

   Organization: ___________________________________________________________

   Supervisor and Title: ___________________________________________________

   Primary Job Responsibilities: ____________________________________________ 

   ______________________________________________________________________

Job Title 2: _____________________________ from: ____________ to _________

   Organization: ___________________________________________________________

   Supervisor and Title: ___________________________________________________

   Primary Job Responsibilities: ____________________________________________ 

   ______________________________________________________________________

Job Title 3: _____________________________ from: ____________ to _________

   Organization: ___________________________________________________________

   Supervisor and Title: ___________________________________________________

   Primary Job Responsibilities: ____________________________________________ 

   ______________________________________________________________________
Directions:

- Please include the following with your application: [1] your official job description, [2] the organizational chart for your department and for the city/county/municipality in which you are employed, and [3] a notation of staff, positions, and functions for which you are directly responsible.
- Please sign and date this form and have your supervisor sign and date this form.
- Return this form and attachments through email to gedi@auburn.edu or mail to:
  
  AAPPA Certifications  
  Government & Economic Development Institute  
  213 Extension Hall  
  Auburn, AL 36849-5225

I verify that the information on this page and on the attached documents are accurate statements of the applicant’s job duties and responsibilities.

______________________________      ________
Signature of Applicant          Date

______________________________      _________
Signature of Supervisor                    Date

For Education Committee Use Only

Alabama Certified Human Resource Professional Approval Date_______________

Alabama Certified Human Resource Specialist Approval Date_______________

Certificate in Human Resource Administration Approval Date_______________

Signed:__________________________________________