

Personal Information

Please complete all fields.

Name: _____

Title: _____

Company: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Fax: _____

Email: _____

For NAMA Staff Use Only:

Date Received: _____

ID# _____

Recommendation: _____

Exam Date: _____ Exam Score: _____ Certification Date: _____

NAMA Executive: _____

Section I: _____ /150

Section II: _____ /250

Section III: _____ /200

Total: _____

Follow-Up: _____

Section I - Experience

This section allows you to document your years of experience as a vending, coffee service or foodservice executive. (A minimum of 150 points required for this section)

- 1) Number of years experience in the vending /office coffee service industry.
Please attach resume. (20 points per year)

Company _____
Title _____
Number of Years _____ X 20 points = _____

Company _____
Title _____
Number of Years _____ X 20 points = _____

Company _____
Title _____
Number of Years _____ X 20 points = _____

Company _____
Title _____
Number of Years _____ X 20 points = _____

Company _____
Title _____
Number of Years _____ X 20 points = _____

Points

Page Total

2) Number of years in a related field, such as foodservice.
(10 points per year)

Points

Company _____
Title _____
Number of Years _____ X 10 points = _____

Company _____
Title _____
Number of Years _____ X 10 points = _____

Company _____
Title _____
Number of Years _____ X 10 points = _____

Company _____
Title _____
Number of Years _____ X 10 points = _____

Company _____
Title _____
Number of Years _____ X 10 points = _____

Company _____
Title _____
Number of Years _____ X 10 points = _____

Page Total

SECTION I TOTAL

Section II - Education

This section allows you to document your educational background and professional development activities (A minimum of 250 points required for this section)

1) College degree. Indicate only the highest degree earned.

Name of college/university _____

City/State _____

Year of graduation _____

Associate's (2 year degree) 50 points

Bachelor's (4 year degree) 100 points

OR

10 points per year for each year of Management/ Executive experience in the vending, coffee service, foodservice or a related field up to a maximum of 100 points.

2) Attendance at the NAMA/MSU Executive Development Program. (100 points)

Date (year) _____

3) Attendance at NAMA Regional Seminars (E.g., Financial Management Seminar, Technology Summit, Commissary Managers Workshop, Office Refreshment Sales and Marketing, etc.) (20 points per seminar)

Seminar _____

Location _____ Date _____

Seminar _____

Location _____ Date _____

Seminar _____

Location _____ Date _____

Seminar _____

Location _____ Date _____

Points

Page Total

4) Attendance at NAMA Virtual Seminars and NAMA Expo Education Sessions (E.g., Communicating with Your Route Driver, etc.)

Seminar _____

Date _____

Seminar _____

Date _____

Seminar _____

Date _____

Seminar _____

Date _____

Seminar _____

Date _____

Seminar _____

Date _____

20 points per virtual seminar

5 points per Expo session

Points

5) Completion of related certification programs relevant to vending/ coffee service/foodservice (E.g., Quality Coffee Certification Program, Certified Foodservice Manager, etc.) (20 points per certification)

Name of Certification _____

Sponsoring organization _____

Date _____

Name of Certification _____

Sponsoring organization _____

Date _____

Page Total

□

6) Attend NAMA State Council meetings. (5 points per seminar)

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Location _____

Date (month/year) _____

Points

Page Total

□

7) Completion of other industry related seminars/conferences (e.g. Company related training, adult education, other trade show education) (5 points per seminar)

Points

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Event/Topic _____

Location _____ Date _____

Page Total

SECTION II TOTAL POINTS

Section III - Leadership

Leadership Development Activities (A minimum of 200 points required for this section)

Points

1)

	Spring	National
2004	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> Chicago, IL
2003	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> Washington, D.C.
2002	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> Atlanta, GA
2001	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> Chicago, IL
2000	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> New Orleans, LA
1999	<input type="checkbox"/> Anaheim, CA	<input type="checkbox"/> Washington, D.C.
1998	<input type="checkbox"/> Long Beach, CA	<input type="checkbox"/> Chicago, IL
1997	<input type="checkbox"/> Las Vegas, NV	<input type="checkbox"/> Orlando, FL
1996	<input type="checkbox"/> Anaheim, CA	<input type="checkbox"/> St. Louis, MO
1995	<input type="checkbox"/> Reno, NV	<input type="checkbox"/> Dallas, TX
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Total _____ + _____ = _____ **X 20 points**

2) Educational sessions you presented (30 points per seminar)

Event _____
 Topic _____
 Location _____ Date _____

Event _____
 Topic _____
 Location _____ Date _____

Event _____
 Topic _____
 Location _____ Date _____

Event _____
 Topic _____
 Location _____ Date _____

Page Total

3) Participation as Panel Discussion member at NAMA or State Council. (10 points per seminar)

Event _____

Topic _____

Location _____ Date _____

Event _____

Topic _____

Location _____ Date _____

Event _____

Topic _____

Location _____ Date _____

Event _____

Topic _____

Location _____ Date _____

Points

4) Articles published in industry related publications. (Documentation required, must be industry related) (10 points per article, max 40)

Publication _____

Article Title _____

Publication _____

Article Title _____

Publication _____

Article Title _____

Publication _____

Article Title _____

Page Total

5) Service on NAMA Board of Directors. (30 points per year, max 90)

Position _____ Year _____

Position _____ Year _____

Position _____ Year _____

Points

6) Service on NAMA National Committees. (e.g. Foundation, Education, Coffee Services, TSAC, etc.) (40 points per year for CHAIR, 20 points per year MEMBER, max 120)

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Page Total

7) Service on a NAMA affiliated State Council Board or Committee.
 (20 points per year of CHAIR, 10 points per year of MEMBER, max 160)

State _____

Committee _____

Position _____ Year _____

State _____

Committee _____

Position _____ Year _____

State _____

Committee _____

Position _____ Year _____

Points

8) Membership in community and civic/business at the local,
 state or national level (within the last five years only) (e.g.
 United Way, Hospital Board, Chamber of Commerce)

50 points
 per year
 OFFICER

Committee _____

Position _____ Year _____

25 points
 per year
 MEMBER

Committee _____

Position _____ Year _____

(max 100)

Committee _____

Position _____ Year _____

Committee _____

Position _____ Year _____

Page Total

□

SECTION III TOTAL POINTS

□

Point Recap

Section I Points	150 points	_____
Section II Points	250 points	_____
Section III	200 points	_____
TOTAL POINTS FOR APPLICANT DATA FORM		<div style="border: 2px solid blue; width: 100px; height: 40px;"></div>

Payment Information

Please bill my:

MasterCard Credit Card # _____ Exp. Date _____

Visa Name of Cardholder _____

AmEx Signature of Cardholder _____

Company _____

Billing Address _____

Billing City, State & Zip _____

Sending a check?
Make all checks payable to NAMA, 20 N. Wacker Drive, Suite 3500, Chicago, Illinois 60606

Payment Amounts:
NAMA Member \$500.00
Non-Member \$1,000.00

Candidate Responsibilities

In making this application, I fully understand that it is an application only and does not guarantee certification. I agree to submit to a multiple-choice examination and supply further information as determined by the NCE Certification Board. I further understand that any false statement of misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application. There is no requirement to attach documentation (except published articles) or proof of attendance at educational events or background information. In the case of an audit, however, documentation of all information will be requested, and NAMA reserves the right to audit any or all documentation.

I understand that NAMA reserves the right to revise or update this application, and that it is my responsibility to be aware of NAMA's current requirements. I further understand that I am obligated to inform NAMA of changed circumstances that may materially affect my application.

I understand and agree that, if I am certified following acceptance and successful completion of the examination, such certification does not constitute NAMA's warranty or guarantee of my fitness or competency to practice as a vending industry executive. If I am certified, I authorize NAMA to include my name in a list of certified individuals and agree to use the NCE designation and related NAMA trade names, trademarks and logos only as permitted by NAMA policies. I understand and agree that NAMA may also use anonymous and aggregate application and examination data for statistical and research purposes.

I do hereby certify that information contained in this form is true and correct, and understand that all information is subject to verification.

Signature _____ Date _____

The NCE Program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability.