

Pennsylvania Economic Development Association 908 North Second Street • Harrisburg, PA 17102 Tel.: 717-441-6047 • FAX: 717-236-2046 e-mail: info@peda.org • www.peda.org

## Program Application

Personal/Contact Informat	ion		
Last Name:	First Naı	me:	MI:
Organization/Employer:			
Address:			
City:		State:	ZIP
Telephone:	FAX:	e-mail:	
Experience Requirement			
Candidates are required to be	a PEDA member and must	fall into one of the fo	llowing scenarios (check one):
*Direct economic development Course *Direct economic development experies expansion, business retention, business Certificate of Completion is required.  Candidates must include a cur †Individuals that do mot meet any of the three experien requirement waiver. The individual must submit the r Development Committee Certification Task Force. Up PEDA Board of Directors Meeting for final approval Submission Instructions	an IEDC-accredited Basic Eco and acquired four (4) subsequence is paid, full-time employment it as attraction, marketing, financing a trent resume with this applicance requirement scenarios listed above, but feel that request and any supporting documentation as the it are receipt of the request, supporting documentation or disapproval of the request. The individual with	upport of economic devolution of the possess the skills and experience individual sees fit, in writing, along with subsequently be notified of the decimal of the decimal subsequently be notified of the decimal of the decimal subsequently be notified of the decimal of the decimal of the decimal subsequently be notified of the decimal o	Course such as the Pennsylvania Basic nomic development experience* ic development activity, including: business your Basic Economic Development Course of experience as claimed above.  In this application to the attention of the PEDA Professional Il review the request and make a recommendation at the next ission.
Once complete, sign and date this Certification Pennsylvania Economic Develop8 North Second Street Harrisburg, Pennsylvania 171	opment Association	send, along with a curre	ent resume, to:
Signature		Date	/ /
			or Office Use Only Approved: □ Yes □ No Date: / /

Date of Certification:\_\_\_/\_\_/\_\_