





Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## **SECTION C. FUTURE GOALS:**

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**C.1. Please list between three (3) and five (5) professional goals for the future as a Missouri Professional City Clerk:**

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**C.2. How will these goals be used to improve yourself as a City Clerk?**

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**Signature of applicant:**

\_\_\_\_\_

**Signature of City Official:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

An electronic copy of this plan is to be e-mailed to Dr. Jim Kaatz, Education Director for MoCCFOA, at [JamesKaatz@MissouriState.edu](mailto:JamesKaatz@MissouriState.edu) and Ms. Denise Chisum, Certification Committee Chairman, at [Denise.Chisum@cityofls.net](mailto:Denise.Chisum@cityofls.net).