



# APPLICATION FOR NAGARA'S GOVERNMENT ARCHIVES AND RECORDS ADMINISTRATION (GARA) CERTIFICATE

## CERTIFICATE INFORMATION

### About the Certificate

The National Association of Government Archives and Records Administrators (**NAGARA**) is a professional association dedicated to the improvement of federal, state, and local government records and information management and the professional development of government records administrators and archivists. This certificate program was created to recognize government officials' achievements in obtaining a knowledge base to help them more effectively care for and manage their records.

For more information about the certificate and applicant requirements, please view the [NAGARA website](#).

### Objectives

- To enhance the professional development of government records caretakers so that they may better manage the records that document the activities of government and protect the legal rights of citizens.
- To offer career development goals for participants in a subject area that is critical to their profession.
- To foster professional networking among NAGARA and federal, state, regional, and county local government associations, and between individual records caretakers and their State Archives.

## REQUIREMENTS

### Overview of Certificate Requirements

- **Total Hours:** 40 hours of qualified study within 5 years of the date of application.
- **Allocation of Hours:**
  - A minimum of 2 hours of training toward 7 of the 9 core competency areas, listed below, must be complete.
  - The remaining 26 hours of training may be applied to any of the 9 competency areas.
  - A state-specific workshop on public records and meeting laws, is highly recommended as one of the seven of the nine core competencies completed. (See Legal Issues on the [NAGARA website](#))
  - An individual event may not be listed more than once in the application.
- **Competency Areas:**
  - Records and Information Management Basics
  - Physical Storage and Environments
  - Disaster Preparedness and Business Continuity
  - Retention and Disposition
  - Advocacy and Outreach
  - Electronic Records and Information Management
  - Legal and Compliance Issues
  - Archives and Long-term Preservation
  - Emerging Technologies

*\*\*Please see Appendix A on the [NAGARA website](#) for list of recommended training topics for each of the 9 competency areas.\*\**
- **Application Fee:** \$50
- **Membership in NAGARA**

**Note:** Since the minimum requirement of 2 hours in 7 of the 9 competency areas totals 14 hours, applicants may enroll in multiple workshops within certain competency areas and/or may participate in subject area workshops that are longer than 2 hours duration. This will allow participants to pursue knowledge and skills that are of special interest to them and/or of particular relevance to their work environments.



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### Completion of the Educational Experience Form

Please use the fillable form provided to summarize your Educational Experience.

- List the title of the workshop.
- Describe the course description, objective & outcome.
- Provide proof of attendance.
- Provide the applicable evidence of hours applicable.
- Insert a link to the course as necessary (please DO NOT print off numerous web pages for submitting).
- Please fill in total hours for each competency.

### Supporting Evidence

Evidence of having completed the above programs must be attached. Please use the list below to submit your proof of completion and attach additional sheets if necessary.

- Proof of attendance (certificate of attendance, copy of instructor's sign-in sheet, etc) including name, date, and title of workshop
- Number of hours and proof of hours attended
- Course contents description (course content descriptions may be a link to a website or a copy of a program, but should not include all the slides or handouts of a presentation)
- Instructors' names, affiliations, qualifications

## SUBMISSION OF APPLICATION

Applications must be submitted in electronic format to [info@nagara.org](mailto:info@nagara.org). **No paper application will be accepted.** We understand that file sizes may be too large for one email. Please feel free to send multiple emails if this is the case.

To apply, candidates must complete and save to their desktop the following, before submitting to NAGARA:

- 1) **Applicant Information Form** (located on page 3);
- 2) **Educational Experience Form** (located on page 4; must submit one form for each competency area you are requesting approval for).
- 3) All applicable **Proof of Completion/Supporting Evidence Attachments** (note: please do not include PowerPoint slides or handouts as supporting evidence).



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## APPLICANT INFORMATION FORM

### Contact Information

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

Email: \_\_\_\_\_

Government Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Requested Hours for Approval:

Enter the number of hours you are requesting for approval from NAGARA in each of the competency areas below. Remember, you must receive a **total of 40 hours** of qualified study within 5 years of the date of application. Be sure to complete a minimum of 2 hours of training in at least 7 of the 9 core competency areas. The remaining 26 hours of training may be applied to any of the 9 core competency areas.

COMPETENCY AREA	HOURS REQUESTED FOR APPROVAL
Records and Information Management Basics	_____
Physical Storage and Environments	_____
Disaster Preparedness and Business Continuity	_____
Retention and Disposition	_____
Advocacy and Outreach	_____
Electronic Records and Information Management	_____
Legal and Compliance Issues	_____
Archives and Long-term Preservation	_____
Emerging Technologies	_____

**TOTAL HOURS** \_\_\_\_\_

### Acknowledgement of Accuracy of Statements and Supporting Data

I hereby certify that the above statements and supporting data are a true and accurate account of my training and education for the period stated. I understand that the failure to provide relevant, true, and accurate information in support of this application will be grounds for denying the award of this Certificate. I give permission for NAGARA (and its Certificate evaluators) to consult with educational institutions, organizations or providers listed herein for the sole purpose of verifying accuracy and completeness of information presented.

Signature: \_\_\_\_\_

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



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**Title:**

**Applicable Competency Area:**

**Date of Attendance:**

**Attendance Hours Requested:**

**Event Description, Objectives and Outcomes:**

**Proof of Completion/Supporting Evidence Attachments Provided:**

**Supporting Hyperlinks (If Applicable):**

### FOR NAGARA USE ONLY

**Total # of Hours Approved by NAGARA:** \_\_\_\_\_

**Comments:**



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