

**International Institute of Municipal Clerks
Course & Program Review Template
(Please type all information)**

If you are unfamiliar with this template, please review the attached criteria and example. Please respond to all questions and do not combine the questions or your answers

Today's Date: xx/xx/xxxx

Your Name: xxxxxx x xxxxxxx

Your Position: Institute Director ___ State Education Chair ___ Other (explain):

City: xxxxxxxx

State: xx

Zip: xxxxx

Email: xxx@xxxxxx,xxx

Telephone: xxx xxx xxx

1. Program Title:
2. Program Offered by: IIMC Institute ___ State Association ___ Other (explain):
3. Program Location: Address xxxxxxxx, City xxxxxxx, State xx, Place the course will be offered xxxxxxx
4. Program Date and Time (**please specify in-class contact hours and breaks; time allotted for breakfast/lunch/dinner/breaks, etc. does not count towards IIMC points**):

For example, **October 10, 20xx; 8:30 a.m.-12 p.m. (two 15-minute breaks)**.

5. Credit Requested for: CMC ___ MMC ___ CMC Recertification ___
6. Instructor's Brief Bio: please attach a **one paragraph bio** of the instructor.
7. **Purpose** of the Course: the **Instructor** will write a one, two, or three **sentence** description of the **course's overall purpose**.
8. **List Major Topics Covered** in the Course: the **Instructor** will list the **major topics** that will be covered in the course.
9. Learning Outcomes: the **Instructor** will write a one, two, or three **sentence** description of the **useful knowledge/experience** that the student will **take away** by attending this course.
10. Learning Outcomes Assessment Tool: the **Instructor** will select an outcomes assessment tool:

Test ___ Quiz ___ Essay ___ Practicum ___ KTAP ___ Other (explain):

Please attach a **blank sample** of the Course Evaluation Form: the **education provider** will design a **Course Evaluation Form** (questionnaire).

Please refrain from sending course materials to IIMC Education Department.