

MAINE BANKERS ASSOCIATION'S CERTIFIED TELLER PROGRAM APPLICATION



Name of Candidate: _____
(As it should appear on the certificate)

Last four digits of Social Security Number: _____ Office Telephone Number: _____

Bank Name and Address: _____

I. **Work Experience:** Date of Employment: _____
Previous Banking Experience: _____

II. **Bank Officer's signature confirming completion of Bank in-house requirements:** _____

III. Completion of Classes and Seminars:	<u>Date Completed</u>	<u>Location (City/Town)</u>
Principles of Banking	_____	_____
Law & Banking: Applications	_____	_____
Bank Security* (NH and VT applicants only)	_____	_____
Your Role as a New Banker (<u>or</u> Teller Customer Relations)*	_____	_____

* In the event either of these classes has been substituted by an in-house program, please complete:

Bank Security Teller Customer Relations Date of Approval _____

Bank Officer who received approval from MACB or CFTEA Director _____

IV. **Bank Officer Written Recommendation** is enclosed or
Date Recommendation was submitted: _____

V. **Comprehensive Examination**

I have completed the minimum requirements for Teller Certification and wish to be scheduled to take the exam
on _____ in City/Town: _____,
State: _____ Time: _____.

VI. I have the approval of my bank to request that the: **bank be billed** **OR** **fee is enclosed**
This is my first sitting (\$85.00) **OR** **This is a retake (\$60.00)**

Candidate's signature _____ Date: _____

Bank Officer's Signature _____ Telephone Number: _____

Fax this form to: **207-514-8260** or scan it to Tammy@cftea.org

Or Send it to: **CFTEA, Auburn Hall Suite 303, 60 Pineland Drive, New Gloucester, ME 04260.**