



Renewal Application

Michigan School Business Officials Voluntary Certification Program

Date: _____

Your Application must include:

- 1. Your job description
- 2. Application fee of \$30.00. Please make payment to MSBO.

Submitted By:

MSBO ID *(if known)*: _____

Name: _____

Title: _____

School District: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Please mail completed application along with supporting documents to:

Debbie Kopkau
 Director of Certification
 Michigan School Business Officials
 1001 Centennial Way, Suite 200
 Lansing, MI 48917

MSBO Use Only:

- MSBO dues paid
- Application fee paid

Payment Information:

- Check enclosed made payable to MSBO
- Charge my: Visa MasterCard American Express

Cardholder's Name: _____

Card #: _____

Expiration Date: _____

Signature: _____
Please sign as it appears on your credit card

Applying for re-certification as a:

- Business Office Manager*
- Business Office Specialist*
- Certified Purchasing Officer
- Chief Financial Officer
- Child Nutrition Director
- Educational Data Specialist
- Facilities Director
- Human Resource Specialist*
- Operations Director
- Pupil Accounting Auditor*
- Pupil Accounting Specialist
- School Payroll Specialist*
- School Technology Manager**
- Transportation Director

Educational Background/Employment History

Educational Background

List Names and locations of educational institutions you attended	Dates Attended	Major	Certificate, degree or number of credits
College:			
College:			
Graduate School:			
Other:			
Other:			

Employment History (list the last fifteen years only)

Name of Employer	Begin Date/End Date	Position Held
Present Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		

Professional Programs/Accredited College/University Credit

Professional Programs

- Print & attach certificates of completion to support classes taken.
- 150 hours (*SCECHs*) are needed for Chief Financial Officer recertification. All other certifications require 90 hours (*SCECHs*) for recertification.
- Meeting agendas/minutes (*Board, Committee, Regional Meetings*)
- Any other supporting documentation from qualifying events.
- Copy of Secure Central Registry (*SCR*) unofficial transcript.
- Chief Financial Officer & Business Office Manager must attend 13 hours of Group Solutions during the 5-calendar-year renewal period or enroll and complete the MSBO Leadership Institute (*The MSBO Leadership Institute can be used in place of the Group Solutions requirement. It is a 1-year program, which you must be accepted into and attend all sessions to qualify.*)

College/University Credit

- One semester hour equals 25 continuing certification hours.
- If taken a college course within your renewal period, please attach unofficial transcripts.

Verification by the Superintendent or Board President/Applicant Signature

Verification by the Superintendent or Board President

This is to certify that the undersigned, have carefully inspected the information contained in this completed application; that said applicant has correctly and accurately checked the areas of responsibility indicated in their job description; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity, and has demonstrated competence and proficiency in school business assignments and responsibilities.

Signature: _____

Print or type Name: _____

Position: _____

School District: _____

Address: _____

City/State/Zip _____

Telephone # _____

Applicant Signature

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities in school business management; and I will make every effort to contribute to my profession and to the Michigan School Business Officials.

I verify that I am a member of Michigan School Business Officials. I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to Michigan School Business Officials, its staff, and/or its Professional Development Committee to review and verify the information contained in, or in connection with, this application.

I, (name of applicant) _____, certify I am with this school district and that the information in this application is accurate and correct to the best of my knowledge.

Signature of Applicant

Date

Don't Forget to Include:

- Your job description
- Signature of the Superintendent or Board President