

# Request for SAPC Program Credit (not administered through MIEM) MIEM School Administrative Professional Certification Program

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

Daniel Pappas, Executive Director  
MIEM  
1001 Centennial Way, Suite 300  
Lansing, MI 48917-9279

Use one form per class.  
**THANKS!**

Dear Mr. Pappas:

I would like to request that the professional development class listed below be considered as fulfilling the commitments and learning outcomes of the indicated MIEM SAPC required core or elective curriculum class. I understand that I must complete 13 classes within three years of beginning the program and at least two classes must be MIEM SAPC required curriculum.

Organization Conducting Program	Dates Attended	Title of Workshop	Length of Program (Hours)	Total credits earned

Please indicate below what MIEM SAPC Program the above professional development class will be replacing:

Required Core Curriculum	Elective Curriculum
Building and Maintaining Relationships	Accounting Manual/Chart of Accounts
Business Communications	Bookkeeping and Cash Management
Business of Schools: What They Do & How They Do It	Desktop Publications
Crisis Management/Safety Issues	Grant Writing
Customer Service	So You Are the Special Education Secretary
Data and Recordkeeping	Technology Topics
The Leader in You	Website Design and Development
Marketing Your School	Year-end Payroll and Tax Returns
School Law for the Secretary – Building Level	<div style="border: 1px solid black; padding: 5px; font-size: small;"> <i>MIEM is co-owned and operated by the Michigan Association of School Administrators and the Michigan School Business Officials.</i> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>
School Law for the Secretary – Central Office	
Time Management and Productivity	

I have enclosed the syllabus and supporting documentation that verifies participation or attendance at the requested substitute professional development class. Please send materials to: MIEM, Attn: Courtney Byam, 1001 Centennial Way, Ste. 300 Lansing, MI 48917.

Submitted by (Name): \_\_\_\_\_

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

School District: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

