



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

Use one form per class.  
Thanks!

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

**Daniel Pappas, Executive Director**  
**Michigan Institute for Educational Management**  
**1001 Centennial Way, Suite 300**  
**Lansing, MI 48917-9279**

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 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:

<input type="checkbox"/>	Building and Maintaining Relationships
<input type="checkbox"/>	Business Communications
<input type="checkbox"/>	The Business of Schools: What They Do and How They Do It
<input type="checkbox"/>	Crisis Management/Safety Issues
<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	Data and Recordkeeping

<input type="checkbox"/>	The Leader in You
<input type="checkbox"/>	Marketing Your School
<input type="checkbox"/>	School Law for the Secretary–Building Level
<input type="checkbox"/>	School Law for the Secretary–Central Office
<input type="checkbox"/>	Time Management and Productivity

I have enclosed the syllabus and supporting documentation that verifies participation or attendance at the requested substitute professional development class.

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

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

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

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

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

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

Please send application to:  
 MIEM, Attn: Courtney Byam  
 1001 Centennial Way, Ste. 300  
 Lansing, MI 48917  
 or fax to: 517/327-0771