



MIEM School Administrative Professional Certification Program Request for Grandparenting Credit

Date: _____

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

Dear Mr. Pappas:

This is my request to receive grandparenting credit for the MIEM School Administrative Professional Certification Program (SAPC) based on my prior professional development and work experiences as a school administrative professional. I have completed the Letter of Application and paid my application fee. I understand that I am required to complete at least two classes of MIEM SAPC required curriculum.

Yours Truly,

Name: _____

Title: _____

School District: _____

Street Address: _____

City/State/Zip: _____

Phone#: _____

Fax#: _____

E-mail: _____

I request credit for my years of experience in school administrative support positions.

My:	Qualifies Me For:
6-10 years experience	6 classes
11-15 years experience	8 classes
Over 15 years experience	10 classes

I request grandparenting consideration in the following areas of the required curriculum of the MIEM SAPC program (check all that apply):

Required Core Curriculum	
<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 completed Professional Development/Work Experience Form, documentation to support my grandparenting request and my grandparenting fee of \$30.00 made payable to MIEM.

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

- Enclosed check made payable to MIEM
- Please charge my: Visa MasterCard

Cardholder's name: _____

Card#: _____

Exp.Date: _____

Signature: _____

Please sign as it appears on your credit card

