



# 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:**

PIC: \_\_\_\_\_

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 #: \_\_\_\_\_ CSV: \_\_\_\_\_

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
- Facilities Director
- Human Resource Specialist
- Operations Director
- Pupil Accounting Auditor
- Pupil Accounting Specialist
- School Payroll Specialist
- School Technology Management
- Specialist in Educational Data
- 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 MOECS 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.*)

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## College/University Credit

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

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## 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.

### 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.

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

Print or type Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

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

Telephone # \_\_\_\_\_

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