



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

| |
|--|
| <p>MSBO Use Only:</p> <p><input type="checkbox"/> MSBO dues paid</p> <p><input type="checkbox"/> Application fee paid</p> |
|--|

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
- Chief Technology Officer
- Child Nutrition Director
- Facilities Director
- Human Resource Specialist
- Operations Director
- Pupil Accounting Auditor
- Pupil Accounting Specialist
- School Payroll Specialist
- 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.
- Any other supporting documentation from qualifying events.
- Copy of MOECS transcript.
- For holders of Chief Financial Officer and Business Office Manager Certificates you must attend one Group Solutions Seminar and one Financial Statement Preparation Workshop during your five-calendar-year renewal period. (*The MSBO Leadership Institute and the Business Manager Academy can be used in place of the Group Solutions requirement.*)

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.

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