Final Application
Michigan School Business Officials Voluntary Certification Program

Date: _____

Your Application must include:

☐ 1. Your job description
☐ 2. Current organizational chart of your school entity
☐ 3. Accredited College/University Courses *(accompanied by unofficial transcripts)*
Only if applying for BOM, BOS, CFO, CPO, CTO, HRS, PAA, and SPS.
☐ 4. Application fee of $60.00. Please pay online.

Submitted By:

PIC: _____

MSBO ID (if known): _____

Name: _____

Title: _____

School District: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Payment Information:

☐ I have already paid the $60 application fee.

☐ Charge my credit card.
To use a credit card, please pay online.

MSBO accepts Visa, MasterCard and American Express. Upon payment, a receipt will be automatically sent.

CHECK ONE. Applying for certification as a:

☐ Business Office Manager
☐ Business Office Specialist
☐ 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
☐ School Purchasing Specialist
☐ Specialist in Educational Data
☐ Transportation Director

Please mail/e-mail completed application along with supporting documents to:

Courtney Byam
Certification Coordinator
Michigan School Business Officials
1001 Centennial Way, Suite 200
Lansing, MI 48917
cbyam@msbo.org

MSBO Use Only:
☐ **MSBO dues paid**
☐ **Application fee paid**

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:		

Don't Forget to Include:

- ☐ Your job description
- ☐ Organizational Chart of your school entity
- ☐ Signature of the Superintendent or Board President

Professional Programs/Accredited College/University Credit

Professional Programs

☐ Print & attach certification transcripts or certificates of completion to support classes taken to satisfy requirements of certification track.

College/University Credit

☐ Attach unofficial transcript for verification of accounting classes taken.
For CFO certification, you need to show 18 semester hours of Accounting
For Business Office Manager certification, you need to show 8 semester hours of Accounting
For School Payroll Specialist, you need to show 4 semester hours of Accounting
One semester hour equals 1.5 term hours.

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.

Signature: _____

First & Last Name: _____

Position: _____

School District: _____

Address: _____

City/State/Zip _____

Telephone # _____

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.

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