



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

**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](mailto:cbyam@msbo.org)

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

**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

# 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.
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## 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.
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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.

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

First & Last Name: \_\_\_\_\_

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

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

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

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

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

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### 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