



Grandparenting 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, CPO, HRS, PAA, SPS, and CTO.
4. Application fee of \$60.00. Please [pay online](#).

MSBO Use Only:
MSBO dues paid
Application fee paid

Submitted By:

PIC: _____

MSBO ID (if known): _____

Name: _____

Title: _____

School District: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

CHECK ONE - Grandparenting Provision
(Must have prerequisites):

- 6–10 years of experience: 18 hours and Wrap-up Session
- 11–15 years of experience: 12 hours and Wrap-up Session
- Over 15 years of experience: 6 hours and Wrap-up Session

Please mail/e-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
dkopkau@msbo.org

CHECK ONE. Applying for Grandparenting as a:

- Business Office Manager*
- Business Office Specialist*
- 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

**Can waive AS degree with five years of school experience and waive BA degree with 10 years of school experience.*

***Can waive BA degree with only five years of experience in school technology.*

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 purchase, a receipt will be automatically sent.

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(s) for verification of accounting classes taken.
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: _____

Print or type 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