



# 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 [pay online](#).

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### Submitted By:

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

MSBO ID (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

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

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

E-Mail: \_\_\_\_\_

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### 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)

### Payment Information:

☐ I have already paid the \$30 application fee

☐ Charge my credit card

To use a credit card, please [pay online](#).

MSBO accepts Visa, MasterCard and American Express. A receipt will be sent automatically.

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### Applying for re-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 Purchasing Specialist
- ☐ School Payroll Specialist
- ☐ Specialist in Educational Data
- ☐ Transportation Director

**MSBO Use Only:**  
**0 MSBO dues paid**  
**0 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
- Signature of the Superintendent or Board President

# 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.*)

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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.

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 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: \_\_\_\_\_