



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, HRS, PAA, SPS, and STM.
- 4. Application fee of \$60.00 or \$50.00 if in the CTD program and a joint member with MAPT.
Please make payment to MSBO.

Submitted By:

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

MSBO Use Only:

MSBO dues paid

Application fee paid

Payment Information:

I have already paid the \$60 application fee

Check enclosed made payable to MSBO

Charge my: Visa MasterCard American Express

Cardholder's Name: _____

Card #: _____

Expiration Date: _____

Signature: _____

Please sign as it appears on your credit card

Applying for certification as a (check one):

- Business Office Manager
- Business Office Specialist
- Certified Purchasing Officer
- Chief Financial Officer
- Child Nutrition Director
- Educational Data Specialist
- Facilities Director
- Human Resource Specialist
- Operations Director
- Pupil Accounting Auditor
- Pupil Accounting Specialist
- School Payroll Specialist
- School Technology Manager
- 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 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: _____

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

Don't Forget to Include:

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