



## PASBO PROFESSIONAL REGISTRATION OFFICIAL LETTER OF TRANSMITTAL

Date

Executive Director  
PASBO  
P.O. Box 6993  
Harrisburg, PA 17112-0993

Initial Application

Renewal Application

Check One:  PRSBA  
 PRSBO  
 PRSBS

Dear Executive Director:

This letter of transmittal accompanies all documents in support of my PASBO Professional Registration application. I have enclosed the following:

- Completed application
- List of CEU Credits
- Photocopy of CEQ Certificate (if claiming CEQ)
- Copy of college/university degree
- Transcript(s) of other college/university courses
- Current school entity organization chart
- Job Description
- Verification by Chief School Administrator
- Payment of \$50 registration fee (by check or credit card)

Submitted by:

Name  Title

School Entity

Mailing Address

City/State/Zip

Phone  Email

Signature

---

PASBO Use Only:

\_\_\_\_\_ Membership records; PASBO dues paid  
\_\_\_\_\_ Action by Executive Director  
\_\_\_\_\_ Action by Appeals Committee (if required)  
\_\_\_\_\_ Action by PASBO Board of Directors

**APPLICATION**  
**Pennsylvania Association of School Business Officials**

FOR THE STATUS OF  
PENNSYLVANIA REGISTERED SCHOOL BUSINESS ADMINISTRATOR, OFFICIAL OR SPECIALIST

Submit to: Executive Director  
P.O. Box 6993  
Harrisburg, PA 17112-0993

Date submitted

This is to certify that I, the undersigned, have complied with all the requirements for the status of a Pennsylvania Registered School Business Administrator, Official or Specialist. In addition to proper documentation provided here, I attest that I have demonstrated high standards of ethics, a commitment to my professional responsibilities in school business management, and I have made and will continue to make contributions to this profession and to the Pennsylvania Association of School Business Officials.

**1) I am and have been a participating member of the Pennsylvania Association of School Business Officials for at least the immediate three years prior to this application. I held PASBO active or life membership for the school years:** School year   
*(This will be verified by the membership records in the PASBO Office)* through

**2) The specific areas for which I have systemwide administrative and/or supervisory responsibilities in accordance with Section III are:**

NOTE: If claiming the Alternative Secondary Areas option to go from PRSBS to PRSBO, identify 1 Primary (P) and 3 Secondary (S) areas.

- |   |  |
|---|--|
| <input type="checkbox"/> Auditing                                   | <input type="checkbox"/> Negotiations  |
| <input type="checkbox"/> Child Accounting                           | <input type="checkbox"/> Office Management                                   |
| <input type="checkbox"/> Cash Management & Investments              | <input type="checkbox"/> Operations of Facilities                            |
| <input type="checkbox"/> Debt Service & Capital Fund Managements    | <input type="checkbox"/> Payroll Accounting                                  |
| <input type="checkbox"/> Financial Accounting                       | <input type="checkbox"/> Purchasing/Materials Management                     |
| <input type="checkbox"/> Financial Planning & Budgeting             | <input type="checkbox"/> Real Estate/Capital Asset Management                |
| <input type="checkbox"/> Food Service Management                    | <input type="checkbox"/> Safety & Security                                   |
| <input type="checkbox"/> Human Resources                            | <input type="checkbox"/> School Board Secretary                              |
| <input type="checkbox"/> Information Technology Planning            | <input type="checkbox"/> School & Community Relations                        |
| <input type="checkbox"/> Information Technology Resource Management | <input type="checkbox"/> School Facility Planning & Construction Supervision |
| <input type="checkbox"/> Information Technology Infrastructure      | <input type="checkbox"/> Tax Administration                                  |
| <input type="checkbox"/> Insurance & Risk Management                | <input type="checkbox"/> Transportation Management                           |
| <input type="checkbox"/> Maintenance of Facilities                  |  |

I  AM  AM NOT claiming a combination of Areas of Specialization and Certificates of Enhanced Qualifications (CEQs) to meet the requirement.

**3) CERTIFICATES OF ENHANCED QUALIFICATIONS (CEQs)**

Summarized below are CEQs I have accumulated to satisfy the Areas of Specialization requirement. I understand that each CEQ granted may be used to satisfy one Area of Specialization requirement. *(Attach copy of CEQ Plaque)*

CEQ Awarded <input style="width: 350px; height: 25px;" type="text"/>	Date Completed <input style="width: 150px; height: 25px;" type="text"/>
CEQ Awarded <input style="width: 350px; height: 25px;" type="text"/>	Date Completed <input style="width: 150px; height: 25px;" type="text"/>
CEQ Awarded <input style="width: 350px; height: 25px;" type="text"/>	Date Completed <input style="width: 150px; height: 25px;" type="text"/>
CEQ Awarded <input style="width: 350px; height: 25px;" type="text"/>	Date Completed <input style="width: 150px; height: 25px;" type="text"/>

#### 4) EDUCATIONAL BACKGROUND

<input type="text"/>	<input type="text"/>	<input type="text"/>
(High School)	(Dates attended)	(Diploma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Post High School)	(Dates attended)	(Degree/Certificate)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(College/University)	(Dates attended)	(Degree/Certificate)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Graduate School)	(Dates attended)	(Degree/Certificate)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Other)	(Dates attended)	(Degree/Certificate)

I  AM  AM NOT claiming a combination of school business official experience and college credit to meet the requirement. (If claiming a combination, college transcripts must be included with the application.)

#### 5) EMPLOYMENT HISTORY

Employer	City/State	Employed		Position
		From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 6) SUMMARY OF CONTINUING EDUCATION UNITS(CEUs)

Summarized below are the CEUs I have accumulated to satisfy registration requirements. CEU Schedule is included for verification. Supporting documentation is in my possession and is available upon request.

	CEUs Claimed		
Type 1 - Conferences and Other Group Programs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 2 - Professional Workshops	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 3 - College/University Credit and Correspondence Courses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 4 - Workshop Presenter/Speaker/instructor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 5 - Published Tips/Articles/Books	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 6 - Leadership Positions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type 7 - Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>TOTAL CEUs</b>	<input type="text"/>	<input type="text"/>
	<b>PRSBA</b>	<b>PRSBO</b>	<b>PRSBS</b>
Minimum CEUs required for initial registration	48	24	12
Minimum CEUs required for renewal registration	64	32	16

## 7) APPLICANT AFFIDAVIT

I certify to the truth and accuracy of all the statements and representations made in this application.

I understand that registration under this application will be conducted using the criteria and procedures stated in the publication entitled "PASBO Professional Registration Program" (most current edition) and related policies adopted by the PASBO Board of Directors.

I hereby grant the Pennsylvania Association of School Business Officials, its staff and its officials permission to review and verify any information submitted as part of this application or any subsequent renewal.

Print Name	<input type="text"/>
Signature	<input type="text"/>
Title	<input type="text"/>
School Entity	<input type="text"/>

## 8) VERIFICATION BY THE CHIEF SCHOOL ADMINISTRATOR

This is to certify that I, 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 under section 2 and that all other information supplied is to the best of my knowledge a true and accurate statement; further, I certify that said applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in his/her school business assignments and responsibilities.

Dr.    Mr.    Mrs.    Ms.

Print Name	<input type="text"/>
Signature	<input type="text"/>
Position	<input type="text"/>
School Entity	<input type="text"/>
Telephone	<input type="text"/>

## 9) REGISTRATION FEE

Payment of the \$50 registration fee is enclosed.

### PAYMENT METHOD:

Check Enclosed (Payable to PASBO)

Credit Card   Cardholder Name

Card #    Exp Date

Signature    Total Authorized Amount:

