



MIEM School Administrative Professional Certification Program Request for Grandparenting Credit

Date: _____

Daniel Pappas, Executive Director
Michigan Institute for Educational Management
1001 Centennial Way, Suite 300
Lansing, MI 48917-9279

Dear Mr. Pappas:

This is my request to receive grandparenting credit for the MIEM School Administrative Professional Certification Program (SAPC) based on my prior professional development and work experiences as a school administrative professional. I have completed the Letter of Application and paid my application fee. I understand that I am required to complete at least two classes of MIEM SAPC required curriculum.

Yours Truly,

Name: _____

Title: _____

School District: _____

Street Address: _____

City/State/Zip: _____

Phone#: _____

Fax#: _____

E-mail: _____

I request credit for my years of experience in school administrative support positions.

My:	Qualifies Me For:
6-10 years experience	6 classes
11-15 years experience	8 classes
Over 15 years experience	10 classes

I request grandparenting consideration in the following areas of the required and elective curriculum of the MIEM SAPC program (check all that apply):

Required Core Curriculum	
<input type="checkbox"/>	Building and Maintaining Relationships
<input type="checkbox"/>	Business Communications
<input type="checkbox"/>	The Business of Schools: What They Do and How They Do It
<input type="checkbox"/>	Crisis Management/Safety Issues
<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	Data and Recordkeeping
<input type="checkbox"/>	The Leader in You
<input type="checkbox"/>	Marketing Your School
<input type="checkbox"/>	School Law for the Secretary-Building Level
<input type="checkbox"/>	School Law for the Secretary-Central Office
<input type="checkbox"/>	Time Management and Productivity

I have enclosed the completed Professional Development/Work Experience Form, documentation to support my grandparenting request and my grandparenting fee of \$30.00 made payable to MIEM.

Please send application to:
MIEM, Attn: Courtney Byam
1001 Centennial Way, Ste. 300
Lansing, MI 48917
or fax to: 517/327-0771

- Enclosed check made payable to MIEM
- Please charge my: Visa MasterCard

Cardholder's name: _____

Card#: _____

Exp.Date: _____

Signature: _____

Please sign as it appears on your credit card



Professional Development/Work Experience Form

Name: _____

Professional Development					
Organization Conducting Program	Dates Attended	Title of Session	Length of Program (hours)	Credits Earned (if applicable)	What MIEM SAPC class would this replace?

Work Experience

Please include place and dates of employment along with job title and responsibilities and the MIEM SAPC class(es) this experience would replace:

(Please submit a legible copy with supporting documentation to verify participation, attendance or employment. Attach additional sheets if necessary.)