

Official Letter of Transmittal

Michigan School Business Officials Voluntary Certification

Date: _____

Thomas E. White
Executive Director
MSBO
1001 Centennial Way, Suite 200
Lansing, MI 48917-9279

Dear Mr. White:

This is a letter of transmittal to accompany my application for the status of Michigan School Business Official Certification. I have enclosed the following:

- 1.* Completed application for certification
- 2. Schedules 1 and/or 2 (accompanied by transcripts)
- 3.* Current organizational chart of my school entity
- 4.* My job description
- 5. Grandparenting provision (optional, see page 7)
- 6. Application fee \$60.00 — initial/\$30.00 — renewal (circle one) made payable to MSBO

Submitted by (Name): _____

Social Security Number: _____

Title: _____

School District: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: (_____) _____ - _____

E-mail: _____

Signature: _____

*1, 3, 4, not necessary for renewal

MSBO Use Only:

- Membership records: MSBO dues paid
- Inquiries answered
- Action by Executive Director
- Action by Professional Development Committee

Application for Certification Designation in Michigan School Business Officials Voluntary Certification Program

Applying for certification as (circle one):

- Chief Financial Officer (no grand parenting as of January 1, 2002)
- Facilities Director
- Transportation Director
- Food Service Director
- Business Office Manager
- School Technology Management
- School Payroll Specialist
- Business Office Specialist

Date Submitted: _____

Submit to: Thomas E. White
Executive Director
MSBO
1001 Centennial Way, Suite 200
Lansing, MI 48917-9279

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:

- (1) I am an active, life, or emeritus member of the Michigan School Business Officials.
- (2) I am an employed by a Michigan school district. My current responsibilities are:

(3) Educational background

| | |
|----------------------|--------------------------------|
| _____ | _____ |
| (High School) | Diploma received |
| _____ | _____ |
| (Post High School) | Degree or certificate received |
| _____ | _____ |
| (College/University) | Degree received |
| _____ | _____ |
| (Graduate School) | Degree received |
| _____ | _____ |
| (Other) | Degree or certificate received |
| _____ | _____ |
| (Other) | Degree or certificate received |
| _____ | _____ |
| (Other) | Degree or certificate received |

(4) Employment History (list the last fifteen years including present employment)

| Name of Employer | Dates | | Position |
|------------------|------------------------|----------|----------|
| | Employed Start Date | End Date | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

I hereby grant permission to the 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 employed full time on the permanent staff of this school district and that the information in this application is accurate and correct to the best of my knowledge.

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 under section 2; and that all other information supplied is to the best of my knowledge, a 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 Code)

(_____)_____-_____
(Telephone)

GRANDPARENTING PROVISION FOR MSBO NEW VOLUNTARY CERTIFICATION

➤ **Are you applying for Grandparenting?**

Please check the box that applies.

➤ **If you have not acquired any certification, the following criteria applies only if the prerequisites are met:**

- 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

Complete this form only if you are applying for grandparenting. This form must accompany the application and any other required materials as stated in the application.

There is no fee needed for evaluating your status. The application fee or transfer fee will be collected at the time of completed requirements as approved by MSBO.