



# Renewal Application

## Michigan Institute for Educational Management School Administrative Professional Certification Program

Date: \_\_\_\_\_

**Your Application must include:**

- 1. Your job description
- 2. Application fee of \$30.00 made payable to MIEM.  
*(if it has not been paid, please remit payment with this application)*
- Print & attach certificates of completion to support classes taken. Then list them below.  
*(List if not indicated on MSBO or MIEM transcripts)*

**Submitted By:**

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

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

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

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

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

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

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

Email: \_\_\_\_\_

**Payment Information:**

Check enclosed made payable to MIEM

Charge my:  Visa  MasterCard

Cardholder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please sign as it appears on your credit card*

**Please mail completed application along with supporting documents to:**

Courtney Byam  
Certification Coordinator  
Michigan Institute for Educational Management  
1001 Centennial Way, Suite 300  
Lansing, MI 48917

**MIEM Use Only:**

Application fee paid



- ❑ Print & attach certification transcripts or certificates of completion to support classes taken to satisfy requirements of certification track.

**Check the Status of your Certification online:**

Log into the MIEM Web site *www.gomiem.org*. Then click on “certification status” in the right column. Then click on “login” to the right. Use your MIEM Login and Password to enter the system. When logged in, follow the “Certification” link in the blue box to the left.

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**Don't Forget to Include:**



**Verification by the Superintendent/Applicant Signature**

**Verification by the Superintendent**

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 my school administrative role; and I will make every effort to contribute to my profession and to the Michigan Institute for Educational Management.

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

I hereby grant permission to the Michigan Institute for Educational Management 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