



Maine Association of School Business Officials Voluntary Certification Program - Initial Application

Date: _____

Your Application must include:

- 1. Your job description
- 2. Current organizational chart of your school entity
- 3. Accredited College/University Courses (accompanied by transcripts)
- 4. SBO Certification Checklist completed based on your knowledge of your experience

Submitted By:

Name: _____

Title: _____

School District: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Cell: _____

*****Application fee of \$60.00 made payable to MeASBO – will be collected at the time of completed requirements as approved by MeASBO**

Applying for certification as a (check one):

- School Business Official I
- School Business Official II
- School Business Official III

Please send completed application along with supporting documents to:

Catherine Messmer, PDC Chair
320 Ocean House Road, PO Box 6267
Cape Elizabeth ME 04107
Email: cmessmer@capeelizabetschools.org

<p>MeASBO Use Only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MeASBO dues paid <input type="checkbox"/> Application fee paid

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
Current Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		
Previous Employer:		

Don't Forget to Include:

- Your job description
 - Organizational Chart of your school entity
 - Signature of the Superintendent of Schools
-

Verification by the Superintendent / Applicant Signature

Verification/Support by the Superintendent

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. I support the applicant in earning voluntary certification and will commit to allow the applicant time to meet the requirement to earn the certification.

Signature: _____

Print/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 Maine Association of School Business Officials.

I verify that I am a member of Maine Association of School Business Officials. I certify to the truth and accuracy of all the statements and representatives made in this application.

I hereby grant permission to Maine Association of 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