



PASBO PROFESSIONAL CERTIFICATION APPLICATION

Submit to: Stephanie Stehman
Membership & Professional Certification Manager
PASBO, 2608 Market Place, Harrisburg, PA 17110
sstehman@pasbo.org

Date _____

Applicant Information:

Name _____ Title _____

School Entity _____

School Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Check one:

- Initial Application
- Renewal Application

Designation you are applying for:

- PCSBA – Pennsylvania Certified School Business Administrator
- PCSBO – Pennsylvania Certified School Business Official
- PCSBS – Pennsylvania Certified School Business Specialist

I have enclosed the following required items:

- Completed application
- Schedule for Reporting CEUs
*Supporting documentation for PASBO events and workshops is **not** needed. PASBO will verify with our records.
- Copy of transcript(s) for any new college/univ. courses that are being claimed for CEU credit
- Payment fee (**see below**)

The following are also required for initial applications and those upgrading to a higher designation:

- Current job description
- Current school entity organizational chart
- Photocopy of college/university diploma(s)
- Copy of all college/university transcript(s)

Payment Fee of \$50.00:

- Check – enclosed (Payable to PASBO)
- Credit Card – Cardholder Name: _____ Authorized \$ _____

Card # _____ Exp. Date _____ Signature _____

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

This is to certify that I, the undersigned, have complied with all the requirements for the status of a Pennsylvania Certified 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) Membership

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 _____ through _____.

2) Areas of Specialization

The specific areas for which I have system wide administrative and/or supervisory responsibilities in accordance with Section III are:

(If claiming the Alternative Secondary Areas option to go from PCSBS to PCSBO, identify 1 Primary (P) and 3 Secondary (S) areas)

- | | |
|---|--|
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Maintenance of Facilities |
| <input type="checkbox"/> Child Accounting | <input type="checkbox"/> Negotiations |
| <input type="checkbox"/> Cash Management & Investments | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> Debt Service & Capital Fund Managements | <input type="checkbox"/> Operations of Facilities |
| <input type="checkbox"/> Federal Grants | <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 |

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 each CEQ granted may be used to satisfy one Area of Specialization requirement. (*Attach a photocopy of your CEQ plaque*)

- | | |
|-------------------|----------------------|
| CEQ Awarded _____ | Date Completed _____ |
| CEQ Awarded _____ | Date Completed _____ |
| CEQ Awarded _____ | Date Completed _____ |
| CEQ Awarded _____ | Date Completed _____ |

4) Educational Background

Institution	Dates Attended	Degree/Certificate Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

5) Employment History

Employer	City/State	Employed		Position
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6) Summary of Continuing Education Units (CEUs)

Summarized below are the CEUs I have accumulated to satisfy registration requirements. The **Schedule for Reporting Continuing Education Units (CEUs)** is included on the last page of this application for verification. Other supporting documentation is in my possession and is available upon request.

	# of CEUs Claimed
Type 1 – Conferences and other group programs	_____
Type 2 – Professional workshops	_____
Type 3 – College/university credits and correspondence courses	_____
Type 4 – Workshop presenter/speaker/instructor	_____
Type 5 – Published tips/articles/books	_____
Type 6 – Leadership positions	_____
Type 7 – Other	_____
Total CEUs =	_____

	PCSBA	PCSBO	PCSBS
<i>Minimum CEUs required for <u>initial</u> certification</i>	48	24	12
<i>Minimum CEUs required for <u>renewal</u> certification</i>	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 certification under this application will be conducted using the criteria and procedures stated in the publication entitled "PASBO Professional Certification Program Guide" (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 _____
Signature _____
Title _____
School Entity _____
Date _____

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 _____
Signature _____
Title _____
School Entity _____
Telephone _____
Date _____

