



Oregon Association of School Business Officials
Professional Certification Program
Application

Please read the instructions before filling out this application.

Part 1. Applicant

Name:

Home address:

City:

State:

Zip:

Part 2. Employer

Employer:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Part 3. Application

Applying for:

- Certified Business Specialist *(complete Part 4, Section 1 & 4)*
- Certified Business Manager *(complete Part 4, Section 2 & 4)*
- Certified Business Administrator *(complete Part 4, Section 3 & 4)*

Part 4. Education

Section 1. My Specialist application is based on: *(mark one)*

- A degree and 1 year experience
- No degree and 2 years experience

Section 2. My Manager application is based on: *(mark one)*

- Master's and 2 years supervisory experience
- Bachelor's and 3 years supervisory experience
- Associate's and 4 years supervisory experience
- No degree and 5 years supervisory experience

Section 3. My Administrator application is based on: *(mark one)*

- Master's and 3 years supervisory experience
- Bachelor's and 5 years supervisory experience
- Associate's and 7 years supervisory experience
- No degree and 10 years supervisory experience

Section 4. Institution and Degree

College/University:

Degree Major:

Date degree received:

Part 5. Standards

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Budget | <input type="checkbox"/> Communications Management |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Food Service | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Transportation | |

Part 6. Work Experience

Job Title:	Dates Employed:
Employer:	
Supervisor:	
Job Duties:	
Job Title:	Dates Employed:
Employer:	
Supervisor:	
Job Duties:	
Job Title:	Dates Employed:
Employer:	
Supervisor:	
Job Duties:	

Part 7. Memberships/Affiliations

OASBO Membership	
<input type="checkbox"/> I certify I am an OASBO Member and have been for at least 12 months immediately preceding application.	
Other Professional and/or Community Affiliations	
Organization:	
Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:

Part 8. Notification

- Yes**, send a press release to my local newspaper.
- No**, do not send a press release to my local newspaper.

Newspaper:

Address:

City:

State:

Zip:

Part 9. Certification

This is to certify that I, the undersigned, am employed full-time on the permanent staff of this school district and state that the information in this application is accurate and correct to the best of my knowledge.

Print name:

Title:

Signature

Date