



NORTH DAKOTA SCHOOL BUSINESS MANAGER CERTIFICATION PROGRAM

APPLICATION FORM

(Please print or type)

CONTACT INFORMATION

Last name:			
First:			
Middle:			
Home street address:		Home phone:	Cell phone:
City:		State:	ZIP Code:
Occupation:	Employer:		Work phone:
Employer address:			
City:		State:	ZIP Code:
Best place to send correspondence: <input type="checkbox"/> Work <input type="checkbox"/> Home			
Email address(es) :		<input type="checkbox"/> Personal email: <input type="checkbox"/> I prefer not to be contacted at personal email address.	
<input type="checkbox"/> Work email: <input type="checkbox"/> I prefer not to be contacted at my work email address.			

ENTRANCE REQUIREMENTS

I certify that I have received a:	
<input type="checkbox"/> High school diploma	
<input type="checkbox"/> GED	
Verification of this designation is required by your superintendent, board president, or by the school/organization who issued your diploma/GED.	
I verify that _____ (name of applicant) has received his/her high school diploma or GED.	
Signature of superintendent, board president, or official from issuing organization : _____	
Date: _____	
Are you a member of the North Dakota Association of School Business Managers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership in this association is required for program admission.	

Are you a North Dakota resident or employed in a North Dakota school?	<input type="checkbox"/> Yes <input type="checkbox"/> ND resident <input type="checkbox"/> ND school employee <input type="checkbox"/> No
ND residency or employment in a ND school is required for program admission.	
If you are currently a school employee, has your school board approved your participation in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a
Verification (e.g., letter from school board or copy of board minutes documenting board approval of program participation) is required to be considered for admission.	

TEST-OUT OPTION

Students have the option of testing out of certain introductory courses in the program. Please indicate if you would like additional information on testing out of any of the following courses:

- Introduction to payroll
- Introduction to accounting
- N/a

EMERGENCY CONTACT

Name:	Cell phone: ()	Work phone: ()	Home phone: ()
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ACKNOWLEDGEMENT AND SIGNATURE

I understand the information contained in this application form will be used in evaluating my application for admission. I certify that all statements are complete and true as of this date. If this information changes, I will notify the North Dakota School Boards Association of the changes.

Signature	Date
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APPLICATION DEADLINE: APPLICATIONS MUST BE POSTMARKED BY JUNE 1.

APPLICATION FORMS AND OTHER APPLICATION MATERIAL MUST BE:

- **MAILED TO NORTH DAKOTA SCHOOL BOARDS ASSOCIATION
PO BOX 7128, BISMARCK, ND 58507-7128
OR**
- **EMAILED TO NDSBMCP@NDSBA.ORG**