**NORTH DAKOTA SCHOOL BUSINESS MANAGERS CERTIFICATION PROGRAM**

**APPLICATION FORM**

(Please print or type)

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| 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: 🞎 Work 🞎 Home | | | | | | | | |
| Email address(es):  Work email:  I prefer not to be contacted at my work email address. | | | Personal email:  I prefer not to be contacted at personal email address. | | | | | |
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| ENTRANCE REQUIREMENTS | | | | | | | | |
| I certify that I have received a:  High school diploma  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 | | | | | | | | |

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| Are you a member of the North Dakota Association of School Business Managers? | | Yes  No  Membership in this association is required for program admission. | |
| Are you a North Dakota resident or employed in a North Dakota school? | | | Yes  ND resident  ND school employee  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? | Yes  No  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. | | |

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| **TEST-OUT OPTION** |
| Students have the option of testing out 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 |

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| 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: |

**APPLICATION FORMS AND OTHER APPLICATION MATERIAL MUST BE:**

* **MAILED TO NORTH DAKOTA SCHOOL BOARDS ASSOCIATION**
* **1224 WEST OWENS AVENUE, BISMARCK, ND 58501-1385, OR**
* **EMAILED TO** [**patty.verdouw@ndsba.org**](mailto:patty.verdouw@ndsba.org)