**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[ ]  GEDVerification 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[ ]  NoMembership 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[ ]  NoND 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/AVerification (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**