

APPLICATION TO IASBO VOLUNTARY CERTIFICATION PROGRAM

RECORD OF EXPERIENCE AND EDUCATION

Form I

Refer to Certification Program brochure and enter information requested below. Mail together with \$35.00 to:

Mike Chatterton
IASBO Certification Program
Blaine County District No. 61
118 West Bullion St.
Hailey, ID 83333

Make check/money order payable to Idaho Association of School Business officials.

_____ Date

Social Security Number

_____ Name

_____ Mailing Address

_____ City State Zip

Certificate for which application is being made:

Level I _____ Level II _____

EXPERIENCE

Please list work experience (in the field of education and/or business) since high school graduation. Record in reverse chronological order, beginning with the current year.

Name of School or Business	Address (include Department or Division)	Dates Employed Mo. Yr. - Mo. Yr.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach Additional Sheet If Necessary

EDUCATION

(All documents submitted become a part of the applicant's permanent record which is filed by the Registrar of the certification program).

SECTION I: High School or Equivalency Required For Level I and Level II.

Name of High School
From Which Graduated _____ Date _____

Address: _____

SECTION II: Business School: To be completed if Certificate requires statement from Business School.

Name of Business
School Attended _____ Date _____

Address: _____

SECTION III: College or University: To be completed if Certificate requires verification of college credit and/or degree earned: (Attach additional sheet if necessary)

Name of College or University	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Official Transcripts Are: _____ Attached _____ Being Sent From College

SECTION IV: Adult Education or Inservice Courses: To be completed if Certificate requires verification of adult education or inservice courses. (Only required if applying for recertification)

Attach copies of certificates indicating completion of Adult Education or Inservice Courses and/or approved IASBO Application For Approval Of Inservice Training.

PROFESSIONAL ACTIVITY RECORD

Of National, State, and Local Association Responsibility

Applicant's Name: _____

Address: _____

Association or Organization	Membership Year(s)	Participation	
		Officer or Committee Chair Activity & Year	Program Presenter Committee Member Activity & Year

(Attach additional sheet with information if necessary)

Signature Of Applicant)

ADMINISTRATOR'S EVALUATION

Form III

5. **Business And Personnel Management** _____ Satisfactory _____ Unsatisfactory

General Management
Management In Public Schools

Comments:

6. **Information Processing And Systems Management** _____ Satisfactory _____ Unsatisfactory

General Information Systems Concepts
Specialized Applications

Comments:

7. **Law And Legal Responsibilities** _____ Satisfactory _____ Unsatisfactory

Primary Sources of Law
Specific Legal Topics

Comments:

Date: _____

Signature: _____

Title: _____