

**IDAHO ASSOCIATION OF SCHOOL BUSINESS OFFICIALS
VOLUNTARY CERTIFICATION PROGRAM**

OFFICIAL TRANSMITTAL FORM

_____ Name

_____ Position

_____ School

_____ Address

_____ City, State, Zip

This is a transmittal form to accompany my application to the Voluntary Certification Program as a:

_____ New Applicant _____ Certification Renewal

_____ Level I _____ Level II

Transmittal Documents

With this transmittal, I enclose the following:

_____ Completed Application Form

_____ Registration Fee For New Applicant For \$35.00, Made Payable To IASBO

_____ Renewal Fee For \$10.00, Made Payable To IASBO

REGISTRATION FORM

IDAHO ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

NAME:

POSITION:

SCHOOL:

ADDRESS:

CITY, STATE, ZIP: _____

I submit this renewal form to maintain my status in the IASBO Voluntary Certification Program as a:

_____ Level I _____ Level II

This is to certify that I, the undersigned, have complied with all of the requirements for renewal for my status in the IASBO Voluntary Certification Program. I continue to demonstrate high standards of ethics, service, management, and professional responsibilities by my achievements in the profession of educational administration and have made and will continue to make contributions to the profession and the Idaho Association of School Business Officials. With this transmittal I enclose the following:

_____ Completed Renewal Form

_____ Registration Renewal Check For \$10.00 Made Payable To IASBO

_____ Support Documents As Requested

RETURN TO:

Mike Chatterton
Idaho Association of School Business Officials
Blaine County District No. 61
118 West Bullion St.
Hailey, ID 83333
(208) 578-5002 FAX 208-578-5110
mike@blaineschools.org

PROFESSIONAL DEVELOPMENT FOR CERTIFICATION RENEWAL

To maintain certification, a total of twenty-four (24) hours of professional development must be demonstrated. Professional development may be accumulated any time from the date appearing on your Professional Certificate to the June 1st immediately preceding your renewal date.

For example, officials registered and receiving a certificate dated on September 12, 1998, must file a record of twenty-four (24) hours of professional development earned between September 13, 1998 and June 1, 2001.

Their certification will be renewed for a three (3) year period effective July 1, 2001.

I. MEMBERSHIP

Active Membership in IASBO

Year _____ Year _____ Year _____ Year _____

II. EDUCATIONAL PROGRAMS AND COURSES

College Courses Taken For Credit:

DATE	UNIVERSITY OR COLLEGE
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COURSE DESCRIPTION	CREDITS
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DATE	UNIVERSITY OR COLLEGE
------	-----------------------

COURSE DESCRIPTION	CREDITS
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DATE	UNIVERSITY OR COLLEGE
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COURSE DESCRIPTION	CREDITS
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Attach Separate Sheets As Needed For Additional Space

PARTICIPATION IN AN IASBO OR AFFILIATE WORKSHOP

DATE	TITLE WORKSHOP	HOURS
	SPONSORED BY	

DATE	TITLE WORKSHOP	HOURS
	SPONSORED BY	

DATE	TITLE WORKSHOP	HOURS
	SPONSORED BY	

DATE	TITLE WORKSHOP	HOURS
	SPONSORED BY	

DATE	TITLE WORKSHOP	HOURS
	SPONSORED BY	

Attach Separate Sheets As Needed For Additional Space

III. SERVICE IN IASBO LEADERSHIP CAPACITY (OPTIONAL)

This is an informational item only. Service in IASBO Leadership Capacity is not a requirement of certification renewal.

YEAR	POSITION	NUMBER OF YEARS
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YEAR	POSITION	NUMBER OF YEARS
------	----------	-----------------

YEAR	POSITION	NUMBER OF YEARS
------	----------	-----------------

YEAR	POSITION	NUMBER OF YEARS
------	----------	-----------------

Each year as the chairman of a committee:

YEAR	COMMITTEE	NUMBER OF YEARS
------	-----------	-----------------

YEAR	COMMITTEE	NUMBER OF YEARS
------	-----------	-----------------

YEAR	COMMITTEE	NUMBER OF YEARS
------	-----------	-----------------

YEAR	COMMITTEE	NUMBER OF YEARS
------	-----------	-----------------

TOTAL CREDITS _____

TOTAL HOURS _____

By signing this application, I certify that I have the supporting documentation to certify that the above information is true and correct. The supporting documentation is available upon request.

SUBMITTED BY:

DATE

SIGNATURE OF APPLICANT