

Application for the Status of **Certified Florida School Business Official (CFSBO)**

Additional Requirements for a Certified Florida School Business Official (CFSBO)

Persons dealing with specific areas of school business administration will be designated as CFSBO's.

Applicant Must:

- ◆ Have served 2 consecutive years with current school board.
- ◆ Be a person who, at the time of application, manages at least one major functional area (see roman numerals, page 5).
- ◆ Have 3 years of school business experience and a bachelor's degree; 5 years of school business experience and an associate's degree; or 7 years of school business experience and no degree.
- ◆ Report directly to a school business administrator or the superintendent.
- ◆ Submit a letter of recommendation from the superintendent of schools or school business administrator regarding the applicant's (1) integrity, (2) character, (3) ethical behavior, (4) ability to supervise others, (5) follow-through, and (6) competency on the job.
- ◆ Meet the education requirements listed below.
- ◆ Submit an application and transcript to the Certification Committee for review.

NOTE: Exceptions to any requirement must be submitted in writing to the Certification Committee and approved in advance by the Committee.

Education Requirements

1. 35 hours of courses approved by the Certification Committee within 5 years prior to application (50% must be FASBO courses).
2. Equivalent completed workshops from other accredited organizations may be substituted, subject to approval by the Certification Committee.

This is to certify

That I, the undersigned, have complied with all the requirements for the status of Certified Florida School Business Official and have, through proper affidavit and documentation, submitted evidence below; and, in addition, have demonstrated high standards of ethics, service, management, and professional responsibilities by my achievements in the profession of education administration, and have made and/or will continue to make contributions to this profession and the Florida Association of School Business Officials, in witness hereof

I submit:

Section 1

I am and have been an active (participating) member of the Florida Association of School Business Officials for at least one year and in evidence thereof I held FASBO membership for the calendar year _____. This fact will be verified by the membership records in FASBO.

Section 2

I have administrative responsibility for a specific area of school business administration in a school system. The major functional area (Roman numeral) for which I have overall administrative responsibility is indicated below.

Place an X next to only ONE function, as this is a specialty award for your strongest area: (Based on the school systems' organizational chart, applicant's level of supervision and responsibilities, and number of major and sub-categories checked, change of designation for CFSBO and CFSBS may be reconsidered along with the Chief Financial Officer's written recommendation.)

- I. **FINANCIAL MANAGEMENT**
- A. Cash Management & Investment
- B. FEFP and FTE Reporting
- C. Debt Service & Capital Fund Management
- D. Financial Planning & Budgeting
- E. Business Office Management
- F. Fixed Asset Management

- II. **ACCOUNTING**
- A. Auditing
- B. Financial Accounting
- C. Payroll
- D. Accounts Receivable/Payable
- E. Student Activity Funds
- F. Grant Management & Bookkeeping

- III. **PURCHASING**
- A. Procurement
- B. Bidding
- C. Warehousing
- D. Lease Purchasing
- E. Contracts & Performance Bonds
- F. State Contract Purchasing

- IV. **MANAGEMENT INFORMATION SYSTEMS**
- A. Student Information
- B. Personnel Information
- C. Data Processing Operations
- D. Internet
- E. Technology
- F. Networking & Personal Computers

- V. **HUMAN RESOURCE MANAGEMENT**
- A. Staffing, Recruitment, Interviewing
- B. Job Descriptions & Evaluations
- C. Collective Bargaining
- D. Personnel Law
- E. Retirement
- F. Employee Pay & Benefits
- G. Insurance / Risk Management

- VI. **OPERATIONS MANAGEMENT**
- A. Records Retention & Storage
- B. Transportation Management
- C. School Food Service Management
- D. Supervision of Construction
- E. Maintenance
- F. Safety/Security

Section 3

I have the requisite education and/or experience requirements as noted on page 1 of the CFSBO application along with appropriate documentation of same submitted with the official transmittal form.

Section 4

As proof of professional and personal competency, I have spent a minimum of 3 consecutive years as noted on my current job description submitted with the official transmittal form (Attached).

Section 5

I have attached to this application, an administrative organization chart of my school system, which shows my position to be at the administrative level and indicates on the chart the date of the board meeting at which it was officially adopted. (Attached)

Section 6

My superintendent or school business administrator will send a statement concerning my integrity, character, and competence as a school business official, as he/she has honestly evaluated me. Further, permission is granted to FASBO, its staff and/or Board of Directors to investigate me and verify the information contained in, or in connection with, this application. *This statement is to be sent to FASBO under separate cover and is IN ADDITION to the Certificate by Superintendent*

SUBMITTED BY:

◆	◆
Date	Signature of Applicant
◆	◆

Include FASBO Official Transmittal Form with this application.

Education Reporting Form for Certification

Meeting Education Requirements

The Application for the Status of CFSBA, or CFSBO, or CFSBS sets forth the education requirements for these designations, respectively. This form is designed to report the workshops completed in fulfillment of those requirements. This form *must accompany the Official Transmittal Form and the appropriate Application for the Status of . . . form and be submitted together to the Certification Committee.*

Candidates for the CFSBA designation must complete a total of 45 hours. Sessions must be completed in 5 of the 7 Major functional areas listed on page 5 of this booklet (50% must be FASBO courses).

Candidates for the CFSBO designation must complete 35 hours of applicable session work (50% must be FASBO courses).

Candidates for the CFSBS designation must complete 24 hours of applicable session work (50% must be FASBO courses).

Workshop Credit

All workshops reported must have been completed within the past seven years and be job-related.

Workshops offered by other professional organizations such as GFOA and AGA as part of a multi-day conference would meet FASBO's education requirements for certification.

The FASBO Certification Committee maintains a list of Sponsoring organizations with approved workshops for Certification purposes. For workshops offered by other Organizations or firms, the Committee reserves the right to approve or disallow credit.

Academic Credit

For persons currently attending academic classes, academic credit may be substituted for workshop credit, as follows:

- ◆ One academic class is equal to one 3-hour workshop.
- ◆ Not more than 50% of the session hours required for a particular designation may be substituted with academic class credit. The remaining 50% must be FASBO courses.
- ◆ The academic class used for substitution must be job-related.
- ◆ An applicant applying for substitution of credit must have already completed the employment requirements for the designation he/she is seeking.
- ◆ Once an applicant attends an academic class for credit, the remaining education requirement must be completed within a 3-year period.

**Submit this form with the
FASBO Official Transmittal Form
& the appropriate
Application for the Status of . . . form.**

Workshops Completed in Fulfillment of Education Requirements for Certification

List each session separately. For each session, attach the supporting documentation and appropriate verification of attendance (certificate of completion and/or signed attendance forms noting specific session topics, etc.) NOTE: 50% of courses must be FASBO sponsored.

Workshop Title	Sponsor	Location (City & State)	Dates	Contact Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

TOTAL COURSES (CFSBA 45 hours required; CFSBO 35 hours required; CFSBS 24 hours required)

SUBMITTED BY:

Name		Title	
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. ◆		◆	
Designation Sought		School System	
<input type="checkbox"/> CFSBA <input type="checkbox"/> CFSBO <input type="checkbox"/> CFSBS		◆	
Address			
◆			
City	State	ZIP	Telephone
◆	◆	◆	◆

DATE SUBMITTED: _____