

Florida Association of School Business Officials
Professional Certification Program
Official Transmittal Form



NAME
 Dr. Ms. Mr.

Position School Board

◆ ◆

Address

◆

City State ZIP

◆ ◆ ◆

Telephone No. FAX No. E-Mail Address

◆ ◆ ◆

I am applying to FASBO for Professional Certification as a:
 CFSBA CFSBO CFSBS

Documents

I am enclosing, or will send under separate cover, or will use as a checklist, the following:

- Current organization chart of my school board, adopted on following date _____
- My current job description (date hired _____ and/or promoted to current position _____)
- Evidence of FASBO membership
- Application fee (check for \$50)
- Signed and notarized application form
- Letter(s) of recommendation
- Official college transcript or proof of college degree(s)

Application Plan (*check one*)

- 3 years of experience in appropriate position and a bachelor's degree from a regionally accredited college or university or 5 years and an Associate's degree (for CFSBO or CFSBS)
- 3 years of experience in appropriate position and a master's degree from a regionally accredited college or university, or CPA, or 5 years and a bachelor's degree (for CFSBA)
- 5 years of experience in appropriate position and a bachelor's degree from a regionally accredited college or university or 7 years and an associate's degree (for CFSBA)
- 7 years of experience in appropriate position and no degree (for CFSBO or CFSBS)
- 10 years of experience in appropriate position and no degree (for CFSBA)

Submitted by _____ Date _____

Return with appropriate application form to:

*Chair, FASBO Certification Committee
PO Box 64 Gulf Breeze, FL 32562
(850) 889-7578*

Certificate by the Superintendent, School Business Administrator, or Designee:

This is to certify that I, the undersigned, have carefully inspected the information contained in this completed application; that said applicant has correctly **CHECKED** the areas of responsibility indicated under Section 2 of the Application for the Status; and that all other information supplied is, to the best of my knowledge, true, and I certify that said applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in his/her school business assignments and responsibilities in this school board.

Name		Position
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. ♦		♦

School Board		
♦		

Address		
♦		

City	State	ZIP Code
♦	♦	♦

Typed Name		Signature
♦		♦

Certificate by Applicant

This is to certify that I am employed full-time on the regular (permanent) staff of this school board and, being duly sworn, depose and state that the information in this application is accurate and correct to the best of my knowledge.

Name		Position
<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. ♦		♦

School Board		
♦		

Address	City	State
♦	♦	♦
ZIP Code		
♦		

Typed Name		Signature
♦		♦
