



MASBO Certification Program - Grandfather Provision Form

Complete this form if you are applying to grandfather into the MASBO Certification Program:

Name:

Title:

School District:

Address:

Phone #:

Fax #:

Email:

A. Are you an active member of MASBO? _____
When did you join MASBO? _____

B. During your 10 years of school business management experience, please indicate which school business management areas you have been responsible for (must have a minimum of 7):

_____ Accounting	_____ Food Service
_____ Budgeting	_____ Human Resources
_____ Business Office Administration	_____ Insurance & Risk Management
_____ Cash Management and Investing	_____ Payroll
_____ Collective Bargaining	_____ Purchasing
_____ Employee Benefits	_____ Student Information
_____ Facilities (Buildings & Grounds)	_____ Transportation

C. Some credit will be allowed for out-of-state school district experience. Four of the 10 years of experience should be with a Minnesota school district, and six of the 10 years can be with an out-of-state school district.

D. Include an updated resume with work history and level of education.

E. Include a letter describing why you are a qualified candidate by listing professional responsibilities, involvement in MASBO or ASBO, professional credentials, publications, presentations, and awards.

F. Include a letter of recommendation from your current supervisor or the school superintendent.

Please send payment to: (if not paying online)

MN Association of School Business Officials

P.O. Box 1426

Minneapolis, MN 55480-9930

Applicant's Signature

Date

Supervisor's Signature

Date