

TASBO CERTIFICATION PROGRAM APPLICATION



Initial Certification Request
Complete Items 1, 2, 3, 5, 6 & 8

Certification Upgrade Request
Complete Items 1, 2, 3, 5, 6 & 8

Certification Renewal Request
Complete Items 1, 4, 5, 7 & 8

Date

1. Demographic

Name

Last

First

MI

School System

System Student Enrollment

Address

City

State

Zip

Business Phone No.

No. Years in Present Position

No. Years TASBO Member

No. Years in School System

Job Title

Supervisor's Name

Supervisor's Title

2. Education *(Check all levels completed and list month and year conferred)*

GED – Date Completed

month - year

High School Graduate

month - year

Associate Degree

month - year

BS/BA Degree

month - year

MA/MS/MBA

month - year

Doctorate Degree

month - year

List all College Degrees and Areas of Major *(Copies of all college transcripts must be attached)*

1. Degree	College or University	Major
2. Degree	College or University	Major
3. Degree	College or University	Major
4. Degree	College or University	Major
5. Degree	College or University	Major

List Courses Credited in School Business Related Field *(Attach additional sheet if necessary)*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

3. Present and Previous School Business Related Positions Held (Attach additional sheet if necessary)

A. No. Years Dates to
Month-Year Month-Year
List areas worked in and employees supervised

B. No. Years Dates to
Month-Year Month-Year
List areas worked in and employees supervised

C. No. Years Dates to
Month-Year Month-Year
List areas worked in and employees supervised

D. No. Years Dates to
Month-Year Month-Year
List areas worked in and employees supervised

4. Request for Renewal (Complete if Request is to Renew Present Certification, attach additional sheet if needed)

List all TASBO Certified Training Completed Over Past Three Years if not presently on file with TASBO Professional Training and Certification Committee.

	Training	Date	Location	Hours
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				

5. Certification Evaluation or Renewal Request – All Fees Are Non-Refundable

(Check appropriate certification designation category and level)

Specialist - \$10 Fee

Official - \$20 Fee

Administrator - \$30 Fee

Level I

Level I

Level I

Level II

Level II

Level II

Level III

Level III

Level III

6. Attachment Check List for UPGRADES or INITIAL Certification

Copy of GED or High School Diploma (Initial Certification Only)

Copies of College Transcript

Superintendent's or designee's Letter of Recommendation*

Current Formal Job Description

Organizational chart

7. RENEWAL Application Check List

Continuation Sheet Attached (if needed for Item 4)

Copies of Training Certificates or College Transcripts Attached

Check for Appropriate Renewal Fee Made Payable to TASBO

*Superintendent's or designee's letter of recommendation should state that he or she recommends the applicant for the certification designation and level and that the present and previous work experience listed in item number 3 and attached job description is accurate to the best of his or her knowledge. This letter is required with all applications.

Check for Appropriate Application Fee Made Payable to TASBO

8. I certify that the information on this Application is correct.

Mail To:

**TASBO
P.O. Box 430
Blountville, TN 37617**

Applicant's Signature:

Date:

Certification Committee's Recommendation Action

Tabled – Additional Information Requested

Certification Recommended

Recommended Certification _____ Level _____

Rejected Application Because _____

Signature Certification Committee Chair

Date of Action

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆
TASBO BOARD OF DIRECTORS'S ACTION

Approved As Recommended

Reject Recommendation

Signature of President

Date of Action