



Oregon Association of School Business Officials  
Professional Certification Program  
**Renewal Application**

**Please read the instructions before filling out this application.**

**Part 1. Applicant**

Name:

Home address:

City:

State:

Zip:

**Part 2. Employer**

Employer:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

**Part 3. Application**

Applying for renewal of Certificate # \_\_\_\_\_ as a:

- Certified Business Specialist
- Certified Business Manager
- Certified Business Administrator

**Part 4. Current Employment Information**

Job Title:

Dates Employed:

Employer:

Supervisor:

Job Duties:

**Part 5. Memberships/Affiliations**

OASBO Membership

I certify I am an OASBO Member and have been for at past 12 months immediately preceding \_\_\_\_\_ application for renewal.

Other Professional and/or Community Affiliations

Organization:

Dates of Membership:

Positions held:

Organization:

Dates of Membership:

Positions held:

Organization:

### Part 5. Memberships/Affiliations

Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:
Organization:	
Dates of Membership:	Positions held:

### Part 6. Notification

- Yes**, send a press release to my local newspaper.  
 **No**, do not send a press release to my local newspaper.

Newspaper:

Address:

City:

State:

Zip:

### Part 7. Certification

This is to certify that I, the undersigned, am employed full-time on the permanent staff of this school district and state that the information in this application is accurate and correct to the best of my knowledge.

Print name:

Title:

Signature

Date