

Form SBMA-1

**NCASBO
REGISTRATION FOR SCHOOL BUSINESS MANAGEMENT ACADEMY**



Date of Registration

Last Name			First Name		Middle Initial
Home Address			City		County
State	Zip Code	E-mail Address	Phone (Home or where you can be reached)		Alternate Phone Number

Are you currently pursuing one of the following degrees:

Associate Degree in _____ Yes ___ No ___
 Bachelors Degree in _____ Yes ___ No ___
 Masters Degree in _____ Yes ___ No ___
 Other _____ Yes ___ No ___

Are you currently a member of NCASBO? __ Yes __ No

Current year membership is required to apply for the Academy

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	Year?	Major/Minor Course Work
		From:	To:			
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>		

Level of Certificate Registering For: (Check One)

Business Office Director _____
Business Office Manager _____
Business Office Specialist _____

YOU MUST ALSO REGISTER ONLINE at www.ncasbo.org
You may email the application to ncasbo@gmail.com and pay the \$100 fee online when registering or both can be mailed to:
NCASBO
164 Beane Run
Rockingham NC 28379

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:			
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:	
Date Employed (mo/yr)	Reason for Leaving				
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

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Registration for School Business Management Academy

Last Name

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Reason for Leaving		
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Registration for School Business Management Academy

Last Name

Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Reason for Leaving

Date Separated (mo/yr)

List major duties in order of their importance in the job:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked per week:

REGISTRANT CERTIFICATION

I submit my information to the NCASBO School Business Management Academy, understanding that I will attend the Academy classes, complete readings and other assigned activities for each, including participation in the classes. I understand that I must be a current member of NCASBO during the pursuit of my certificate. I certify that I have met the prerequisite education and experience requirements for my certificate level. In the event confirmation is needed, I authorize employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is required concerning my qualifications and experience.

Signature of Registrant (unsigned registrations will not be processed)

Date

ENDORSEMENTS (Please Type or Print Clearly)

I endorse and support this individual's registration and attendance in the NCASBO School Business Management Academy, understanding that he/she will attend and participate in the scheduled Academy classes.

Signature of Finance Officer (unsigned registrations will not be processed)

Date

Signature of Superintendent (unsigned registrations will not be processed)

Date