



**PROFESSIONAL CERTIFICATION
RENEWAL APPLICATION**

NAME: _____

POSITION / JOB TITLE: _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE NO. (_____) _____ EMAIL: _____

SUPERVISOR'S NAME & TITLE: _____

SUPERVISOR'S EMAIL: _____

SUPERINTENDENT'S NAME & EMAIL: _____

CERTIFICATE EARNED: CSBS-Accounting CSBS-Accounts Payable
 CSBS-Payroll CSBS-Retirement
 CSBA CSBO

DATE AWARDED: _____

Renewal Requirements:	CSBS	CSBO	CSBA
-Clock Hours for Renewal	25	150	150
-WASBO Member Fees	\$25.00 (each track) \$50.00 (portfolio)	\$50.00	\$75.00
- Current WASBO membership in good standing			

Renewal Procedures

1. No application will be accepted without qualifying continuing education hours.
2. Accumulation of Clock Hours begins after the award of your certificate.
3. **At least one-half of the required clock hours must be professionally related to the job.**
4. Renewal is required within five years of award.

Enclosed is Renewal Fee of \$ _____

I certify that the information in this Renewal Application is correct.

Signature

Date

