



**PROFESSIONAL CERTIFICATION
RENEWAL APPLICATION**

NAME: _____

POSITION / JOB TITLE: _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE NO. (_____) _____ FAX NO. (_____) _____

E-MAIL: _____

CERTIFICATE EARNED: **CSBS-Accounting** **CSBS-Financial Management**
 CSBS-Payroll **CSBS-Purchasing**
 CSBA **CSBO**

DATE AWARDED: _____

<u>Renewal Requirements:</u>	CSBS	CSBO	CSBA
-Clock Hours for Renewal	25	150	150
-WASBO Member Fees	\$25.00 (each track) \$50.00 (portfolio)	\$50.00	\$75.00

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

