



1224 WEST OWENS AVENUE - BISMARCK, ND 58501
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CERTIFICATION COMPLETION FORM

I certify that I have fulfilled all the requirements to complete my certification/recertification through the North Dakota School Business Manager Certification Program.

Name (as you would like it to appear on certificate): _____

Phonetic Pronunciation of your first and last name (if not a common name):

School District: _____

Board President Name: _____

Superintendent Name: _____

During the graduation ceremony, we will feature graduates in a short video. Please email a current, high resolution digital, headshot photo of yourself to rebecca.duben@ndsba.org. Here is an example of the photo.



Please compose a message that you would like to appear with your picture. This can be a favorite quote, a thank you message to your board, or a message to your classmates.

Message: _____

Please supply the following for the official newspaper of your district:

Name of Newspaper: _____

Newspaper Phone Number: _____

Email of Newspaper: _____

Please send the completed form and photo to rebecca.duben@ndsba.org by **May 31**.