



1224 WEST OWENS AVENUE - BISMARCK, ND 58501
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E-MAIL: REBECCA.DUBEN@NDSBA.ORG – WEB: NDSBMCP.ORG

North Dakota School Business Managers Certification Program Re-certification Form

Student Name: _____

School District Name & Address: _____

Student Email: _____

Student Phone: _____

Initial Certification or Renewal Certification Date: _____

I, _____, request re-certification in the North Dakota School Business Manager Certification Program. I have completed the 15 hours of continuing education credits within a 3-year period from the date of initial or renewal certification and submitted all affiliate coursework forms to the NDSBA.

Student's Signature

Date

Re-certification application forms must be submitted within 10 days of the certification or renewal certification anniversary date unless this deadline is waived by NDSBMCP for good cause. Failure to recertify in a timely manner may require repeating portions of the initial certification process.

Mail completed form to **North Dakota School Business Manager Certification Program, 1224 West Owens Avenue, Bismarck, ND 58501** or email it to rebecca.duben@ndsba.org.

Students that have been recertified will be recognized at the NDSBMCP graduation ceremony.

NDSBA Office Use Only

Approved Denied

Signature: _____

Date: _____