



1224 WEST OWENS AVENUE, BISMARCK, ND 58501-1385  
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## RECERTIFICATION 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 [patty.verdouw@ndsba.org](mailto:patty.verdouw@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 [patty.verdouw@ndsba.org](mailto:patty.verdouw@ndsba.org) by **May 31**.