



**CERTIFICATE OF ENHANCED QUALIFICATIONS APPLICATION**  
**Pennsylvania Association of School Business Officials**

**Submit to:** Dr. Wayne K. McCullough, DBA, PRSBA  
Director of Leadership & Development  
PASBO, 2608 Market Place, Harrisburg, PA 17110

Name \_\_\_\_\_ Title \_\_\_\_\_

School Entity \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Chief School Administrator \_\_\_\_\_ Title \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

**I have provided the following required items with this application:**

- Photocopy of Wilkes transcript or course completion certificate
- List of required CEQ courses and completion dates (below)
- CEQ fee payable to PASBO (below)

**The specific CEQ area(s) for which I am applying at this time is/are:**

- Budgeting and Management
- Facility Management
- Financial Operations
- Food Service Administration
- Human Resources
- Information Technology
- Leadership
- Materials Management
- School & Community Relations
- Transportation

**Record of CEQ Required Course Completion:**

Course Title	Completion Date
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**Payment:**

- First CEQ completion (**PASBO Member \$50 / Non-Member \$100**)
  - Additional CEQ completion (**PASBO Member \$20 per CEQ/ Non-Member \$40 per CEQ**)
  - Check – enclosed (Payable to PASBO)
  - Credit Card – Cardholder Name: \_\_\_\_\_ Authorized \$ \_\_\_\_\_
- Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

*I certify to the truth and accuracy of all the statements and representations made in this application. I hereby grant the Pennsylvania Association of School Business Officials, its staff and its officials permission to review and verify any information submitted as part of this application.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_