


# School Treasurer and School Business Manager License Application

This application has 2 pages to be completed. Please print using black or blue ink only.

<p><b>PERSONAL INFORMATION</b></p> <p>Educator ID or SSN _____ Birthdate _____</p> <p>Gender _____ Male _____ Female _____</p> <p>First Name _____</p> <p>Last Name _____ MI _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Zip Code _____</p> <p>E-mail _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Other names which may appear on official documents (e.g.: maiden) _____</p>	 <p>Office of Educator Licensure 25 S. Front St, Mail Stop 105 Columbus, Ohio 43215</p> <p>Use this application for:</p> <p style="text-align: center;"><b>School Treasurer and School Business Manager</b></p> <p style="text-align: center;"><b>New and Renewal</b></p>
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Amount enclosed: \$ \_\_\_\_\_

**BACKGROUND CHECKS**

**FIRST OHIO LICENSE, CERTIFICATE OR PERMIT**

When an individual submits an application for their very first license, certificate or permit issued by the Ohio Department of Education, a **BCI** and **FBI** background check report, completed within 365 days of the date the application is received, must be on file at the Department of Education.

**RENEWALS AND ADDITIONAL LICENSES, CERTIFICATES OR PERMITS**

**Have you lived continuously in Ohio for the past 5 years?** You must check one:

**YES**

An **FBI** background check is required if the report on file with ODE is more than 5 years old at the date the application is received. A **BCI** background check is required if you do not have one on file with ODE.

**NO**

Both the **BCI** and **FBI** background checks are required if the reports on file with ODE are more than five years old on the date the application is received.

*Please note:*

The Ohio Department of Education **is not able to** accept paper reports. All background check reports must be submitted to this office via *electronic* submission directly from the Ohio Bureau of Criminal Investigation. When you have your fingerprints taken at a WebCheck facility please ask the person taking the prints to check the box under 'Reason Fingerprinted' to send to the Ohio Department of Education per the example below:

Reason Fingerprinted

Send to the Ohio Department of Education

Please **do not** use the Department of Education address in the 'mail to' section because the department is not able to utilize paper reports. For more information on how to complete this electronic process, please visit: [www.ohioattorneygeneral.gov/Services/Business/WebCheck](http://www.ohioattorneygeneral.gov/Services/Business/WebCheck).

**LEGAL QUESTIONS** Each Question MUST be answered by placing an **X** in the appropriate box.

If you answer **YES** to any question, attach explanation to this application.

Please include the **year of conviction**, the **nature of the offense**, and the **court where the matter was heard**.

YES	NO	HAVE YOU EVER . . . .
		Been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?
		Been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?
		Had a criminal conviction sealed or expunged?
		Had ANY professional certificate, license, or permit, or an application for same, revoked, suspended, limited, or denied?
		Surrendered ANY certificate, license or permit, other than a driver's license?

*I certify under penalty of loss of my right to work in the schools of Ohio that the answers to these five questions are true and correct in every respect.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**CREDENTIAL INFORMATION** - Indicate license request

\_\_\_ NEW or \_\_\_ RENEWAL

**School Treasurer** \$ 200

**School Business Manager** \$ 200

**EFFECTIVE YEAR ( Please note effective year changes for the school treasurer license. See the general instructions.)**

The effective year for an Ohio license begins July 1, regardless of the date of issuance. When **renewing a 5-year license**, you may apply after January 1 of the year the license expires.

**If you are transitioning or renewing**, the license may be joined on to an existing 5-year professional license you hold and will take on the validity period of the existing license; or it may be issued as a separate 5-year license with an effective date that is reflective of the current year.

License to begin on July 1, \_\_\_\_\_ (current academic year)  License to be aligned to existing five-year license

**DEGREE INFORMATION**

Highest educational level completed. Check only one.

\_\_\_ High School \_\_\_ Associate \_\_\_ Bachelor \_\_\_ Master \_\_\_ Doctorate

College/University \_\_\_\_\_ State \_\_\_\_\_ Date of Completion \_\_\_\_\_

**CURRENT EMPLOYMENT (required for renewal)**

YES	NO	
		Are you currently employed in an Ohio school/district with an established Local Professional Development Committee?

Treasurers and Business Managers **CURRENTLY EMPLOYED in the schools of Ohio** must have the school/district Local Professional Development Committee (LPDC) sign this application to verify that all professional development requirements for renewal have been met

**Signature of the Authorized Local Professional Development Committee ( LPDC ) Representative**

*I certify that the applicant has met all requirements in Section 3301-24-08 of the Teacher Education and Licensure Standards and is eligible to renew a 5-year license.*

\_\_\_\_\_  
 Signature of LPDC School or District IRN# Date

**SCHOOL DISTRICT OR OTHER WORK EXPERIENCE (list most recent first)**

From/To Dates \_\_\_\_\_

District, Organization, or Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Title \_\_\_\_\_

From/To Dates \_\_\_\_\_

District, Organization, or Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Title \_\_\_\_\_

**RECOMMENDING UNIVERSITY SIGNATURE**

Required only for individuals who completed an approved program for an initial School Treasurer or School Business Manager license at an Ohio college or university

*I verify that the applicant has successfully completed the academic and experience requirements prescribed by the State Board of Education and the laws of Ohio.*

\_\_\_\_\_  
 Ohio College or University Official Institution Name and IRN# Date

**APPLICANT SIGNATURE**

*I certify under penalty of loss of my right to work in the schools of Ohio that the information provided on this page of the application is true and correct in every respect.*

\_\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_  
 Print Name

**GENERAL INSTRUCTIONS**  
**For the School Treasurer and School Business Manager**

**Please print using blue or black ink only.**

1. Please use a separate form for each license requested. Enclose a \$200 money order or personal check payable to "Treasurer, State of Ohio" for each application.  
Please note: \$25 of the processing fee is non-refundable if eligibility requirements for the license are not met.
2. **Effective Year**  
**All School Treasurer licenses and School Business Manager licenses** will have an effective date of July 1 and an expiration date of June 30.
3. **Official Transcripts** showing all college coursework must be sent with this application **(NO PHOTOCOPIES PLEASE)**
4. **FOR RENEWAL ONLY**  
Persons employed in an Ohio school/district at the time of application must process the renewal through their Local Professional Development Committee (LPDC). LPDC verification required in section I.
5. **SIGNATURE OF RECOMMENDING UNIVERSITY OFFICIAL**  
Applications for those completing an approved program for School Treasurer or School Business Manager at an Ohio college or university must be signed by the dean or head of teacher education verifying that the applicant has successfully completed the academic and experience requirements prescribed by the State Board of Education and the laws of Ohio.

**6. APPROVED PROGRAM EQUIVALENCY**

Applicants who have not completed an approved program through an Ohio college or university need to submit **official** transcripts evidencing required degree and coursework; and documentation that they have completed the equivalent of an approved program, as determined by the Ohio Department of Education.

- a) 300-hour internship  
This needs to be verified using the treasurer or business manager internship verification form on this application form, which is to be completed and signed by the treasurer or business manager who supervised the internship.
- b) Work experience verification  
This needs to be written by the employer, in letter format, on official business letterhead. The letter needs to provide details about dates of service, title of position, and the various functions and responsibilities associated with the position. **(NO PHOTOCOPIES PLEASE)**

For the treasurer license, the letter must confirm two years of significant, global fiscal officer responsibility in an organization, at the level of either chief or assistant (deputy) fiscal officer.

For the business manager license, the letter must confirm two years of experience as a business manager or as a supervisor or director of business services in an organization, at the level of either chief or assistant (deputy) business manager or director.

***Application may be mailed to:***

Ohio Department of Education  
Office of Educator Licensure  
25 S. Front Street, Mail Stop 105  
Columbus, OH 43215

## School Treasurer Internship Verification Form

The 300-hour internship should be an individualized, mutually developed series of experiences reflective of the results of an assessment of the educational needs of the intern as related to the role, functions, and responsibilities of the treasurer. The 300 hours of field experience should be well distributed over the following:

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|--|--|
| <ol style="list-style-type: none"> <li>1. Overview of Treasurer and Business Office Responsibilities (10 hours)               <ol style="list-style-type: none"> <li>a. Review of statutory duties</li> <li>b. Relationship with board of education</li> <li>c. Role and relationship with superintendent and other administrators</li> <li>d. Relationship with other offices and officials</li> </ol> </li> <li>2. Financial Management (20 hours)               <ol style="list-style-type: none"> <li>a. Basic banking depository requirements</li> <li>b. Investments</li> <li>c. Bonds and notes</li> </ol> </li> <li>3. Fund Accounting (50 hours)               <ol style="list-style-type: none"> <li>a. Processing accounts payable and receivable</li> <li>b. Receipts</li> <li>c. Billing and invoices</li> <li>d. Purchase orders and encumbrances</li> <li>e. Petty cash and change funds</li> <li>f. Student activity funds/management</li> <li>g. Internal accounting controls</li> </ol> </li> <li>4. Financial Reporting (50 hours)               <ol style="list-style-type: none"> <li>a. Budget and appropriations</li> <li>b. Financial forecasting and fiscal analysis</li> <li>c. General purpose financial statements, cash reporting</li> <li>d. GAAP</li> </ol> </li> </ol> | <ol style="list-style-type: none"> <li>5. Purchasing and business functions (80 hours)               <ol style="list-style-type: none"> <li>a. Bidding and purchasing procedures</li> <li>b. Employee contracts</li> <li>c. Payroll processing/distribution/reports</li> <li>d. Employee benefits (type, enrollment &amp; claims)</li> <li>e. Salary schedules</li> </ol> </li> <li>6. Legal/Legislation (50 hours)               <ol style="list-style-type: none"> <li>a. Ohio compliance functions</li> <li>b. Fiscal certificates</li> <li>c. Legal notices</li> <li>d. Short-term and long-term borrowing</li> <li>e. FMLA, ADA, FLSA, Workers' Compensation</li> </ol> </li> <li>7. Administrative and other duties (20 hours)               <ol style="list-style-type: none"> <li>a. Board secretary-minutes and role at board meetings</li> <li>b. Member of administrative team/role with policy team</li> <li>c. Record retention/destruction</li> <li>d. Collective bargaining (public sector)</li> </ol> </li> <li>8. Other areas, if appropriate, to the particular district and its needs (20 hours)</li> </ol> |
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I hereby certify that \_\_\_\_\_  
(name of applicant) (State ID or Social Security Number)

has successfully completed all internship requirements, as specified above, for the School Treasurer license.

The beginning date of the internship was \_\_\_\_\_,

and the ending date was \_\_\_\_\_.

\_\_\_\_\_  
 Signature of licensed supervising school treasurer Date

\_\_\_\_\_  
 Print or type the name of the supervising school treasurer

\_\_\_\_\_  
 Ohio school district and IRN# Telephone number

### School Business Manager Internship Verification Form

The 300-hour internship should be an individualized, mutually developed series of experiences reflective of the results of an assessment of the educational needs of the intern as related to the role, functions, and responsibilities of the business manager. The 300 hours of field experience should be well distributed over the following:

1. Overview of business office responsibilities
2. Supervision and management of district business affairs
3. Budget development and long-range financial planning
4. Management of district real estate and insurance programs
5. Supervision of support services in the areas of purchasing, food services, and transportation
6. Personnel management of all clerical, business, and support staff
7. Supervision of facility maintenance, construction, and alteration
8. Coordination of safety programs including fire inspection and prevention, weather alerts, energy conservation, and school bus safety inspection

I hereby certify that \_\_\_\_\_  
(name of applicant) (State ID or Social Security Number)

has successfully completed all internship requirements, as specified above, for the Business Manager

license. The beginning date of the internship was \_\_\_\_\_,

and the ending date was \_\_\_\_\_.

\_\_\_\_\_  
Signature of licensed supervising school business manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type the name of the supervising school business manager

\_\_\_\_\_  
Ohio school district and IRN#

\_\_\_\_\_  
Telephone number