

Finance Officer Certification Requirements

702 KAR 3:320

Individual is employed in the position of Finance Officer in a school district on June 30, 2015 (See Section 2(1)(a) and 8)

Individual is employed in the position of Finance Officer on June 30, 2015, but has a break in employment as a district finance officer (See Sections 2(1)(a) and 8)

Individual is employed in the Finance Officer position after June 30, 2015 (See Sections 2 and 3)

- The individual receives Grandfather Status by completing Provisional Certification Application.
- The individual may obtain full certification by:
 - Meeting mentor requirements and being approved as a mentor; or,
 - Meeting all Provisional and Full Certification requirements. An individual with Grandfather Status will successfully complete KFIP by obtaining the KFIP Assessment Committee's recommendation.

- The individual shall meet all Provisional Certification requirements under Section 2, or have Full Certification, prior to resuming employment as a district finance officer.

- The individual shall meet requirements for Provisional Certification; and begin work towards Full Certification.

FINANCE OFFICER CURRICULUM

KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Audit

- Internal
- Annual independent audit

Budgets

- Tentative
- Working
- Budget amendments
- Budget projections

Cash Management

- Investments
- Cash flow projections
- Reconciliations

Construction

- Funding, including bond issuances
- Tracking

Financial Statements

- Unaudited AFR, balance sheet
- Entity-wide statements, management's discussion & analysis, notes
- Monthly Reporting

Funding

- SEEK
- Taxes
- Grants

Internal Controls

- Assets
- Expenditures
- Financial management system, including roles and security

Purchasing

- Model procurement
- Bid law
- Cooperative purchasing

Applicant Name _____

Address _____

Telephone _____

Date received _____

Certificate Number Issued _____

Mentor Assigned or Date _____

Grandfather Status Recognized _____

Degree(s) Obtained

Degree _____

Institution _____

Degree _____

Institution _____

Degree _____

Institution _____

No ☐

Dates of employment From _____ To _____
Description of relevant experience:

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Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

CHECK ONE:

☐

This application also serves as my application to the Kentucky Finance Officers Internship Program (KFIP)

☐

This application serves as my request for grandfather status

Signatures

Applicant _____

Date _____

Superintendent of employing district _____

Date _____

**FULL CERTIFICATION APPLICATION
KENTUCKY FINANCE OFFICER CERTIFICATION PROGRAM**

Applicant Name _____

Address _____

Telephone _____

Employing school district _____

Address _____

Telephone _____

Contact person _____

For Official Use Only

Date received _____

Certificate Number Issued _____

Provisional certificate number _____

Date issued _____

Date of successful completion of Kentucky Finance Officer Internship Program _____
(attach KFIP Assessment Committee Final Report)

Has the applicant obtained fifteen (15) hours of school finance training by a provider approved by KDE for this purpose?

Yes ☐ *attach documentation*

No ☐

Has the applicant obtained twelve (12) hours of MUNIS training offered by a provider approved by KDE for this purpose?

Yes ☐ *attach documentation*

No ☐

Signatures:

Applicant _____

Date _____

Superintendent of employing district _____

Date _____

INTERN PROGRESS REPORT
KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Intern Name _____

Mentor Name _____

Date Internship Began _____

Curriculum Area

Quarter: _____

ND PD D N/A

Audit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Budgets

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Cash Management

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Construction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Financial Statements

☐☐☐☐

Comments:

Funding

☐☐☐☐

Comments:

Internal Controls

☐☐☐☐

Comments:

Purchasing

☐☐☐☐

Comments:

Signatures

Mentor

_____ Date _____

Intern

_____ Date _____

FOCP-3
Effective 7-1-15

Key: ND - not demonstrated; PD - partially demonstrated; D - demonstrated; N/A - not applicable for the period.

**ASSESSMENT COMMITTEE REPORT
KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM**

Intern Name _____
Date Internship Began _____
Mentor Name _____
Superintendent or Designee _____
KDE Representative _____

☐ First Half
☐ Second Half

Curriculum Area

ND PD D

Audit

☐ ☐ ☐

Comments:

Budgets

☐ ☐ ☐

Comments:

Cash Management

☐ ☐ ☐

Comments:

Construction

☐ ☐ ☐

Comments:

Financial Statements

☐☐☐

Comments:

Funding

☐☐☐

Comments:

Internal Controls

☐☐☐

Comments:

Purchasing

☐☐☐

Comments:

The result of the KFIP internship: (applicable only for the second half report)

- ☐ Successful completion
- ☐ Portion(s) to be repeated: _____
- ☐ Entire internship to be repeated

Signatures

Mentor

Date

Superintendent or Designee

Date

KDE Representative

Date

Intern

Date

Key: ND - not demonstrated; PD - partially demonstrated; D - demonstrated; N/A - not applicable in this period

**ASSESSMENT COMMITTEE REPORT
KENTUCKY FINANCE OFFICER INTERNSHIP |**

Intern Name _____
Date Internship Began _____
Mentor Name _____
Superintendent or Designee _____
KDE Representative _____

Curriculum Area

N/A

Audit

☐

Comments:

Budgets

☐

Comments:

Cash Management

☐

Comments:

Construction

☐

Comments:

Financial Statements

☐

Comments:

Funding

☐

Comments:

Internal Controls

☐

Comments:

Purchasing

☐

Comments:

The result of the KFIP internship: (applicable only for the second

- ☐ Successful completion
- ☐ Portion(s) to be repeated: _____
- ☐ Entire internship to be rep

Signatures

Mentor

Superintendent or Designee

KDE Representative

Intern

Key: ND - not demonstrate

**ASSESSMENT COMMITTEE REPORT
KENTUCKY FINANCE OFFICER INTERNSHIP |**

Intern Name _____

Date Internship Began _____

Mentor Name _____

Superintendent or Designee _____

KDE Representative _____

Curriculum Area

Audit

Comments:

Budgets

Comments:

Cash Management

Comments:

Construction

Comments:

Financial Statements

Comments:

Funding

Comments:

Internal Controls

Comments:

Purchasing

Comments:

The result of the KFIP internship: (applicable only for the second

- ☐ Successful completion
- ☐ Portion(s) to be repeated:
- ☐ Entire internship to be rep

Signatures

Mentor

Superintendent or Designee

KDE Representative

Intern

Key: ND - not demonstrate

**MENTOR APPLICATION
KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM**

Applicant Name _____
Address _____
Telephone _____

For Official Use Only

Date received _____
Interview Date _____

Employing school district _____
Address _____
Telephone _____

Has the applicant obtained full certification under the Kentucky Finance Officer Certification Program?

Yes ☐ Certificate Number _____ Date Issued _____
No ☐

If the applicant answered "No" above, has the applicant been employed as a Kentucky finance officer prior to July 1, 2015?

Yes ☐ Date of initial employment as a KY finance officer _____
No ☐

Degree(s) Obtained

Degree _____
Institution _____

Degree _____
Institution _____

Degree _____
Institution _____

List work experience which was primarily in accounting or finance.

Employer _____
Dates of employment From _____ To _____
Description of relevant experience: _____

Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

Employer _____

Dates of employment From _____ To _____

Description of relevant experience:

☐

I understand that an interview and successful completion of KDE Mentor Training is required to become a KFIP mentor.

Signatures

Applicant

Date _____

Superintendent of employing district

Date _____