

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

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Employing school district \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact person \_\_\_\_\_

<i>For Official Use Only</i>	
Date received	_____
Certificate Number Issued	_____

Provisional certificate number \_\_\_\_\_

Date issued \_\_\_\_\_

Date of successful completion of Kentucky Finance Officer Program  
(attach 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 \_\_\_\_\_