

**APPLICATION FOR FULL CERTIFICATION-MENTORS  
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  
*as a mentor (attach Assessment Committee Final Report)* \_\_\_\_\_

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

Yes  *attach documentation*  
No

**Signatures:**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Superintendent of employing district \_\_\_\_\_ Date \_\_\_\_\_

Last Reviewed 4/23/2024

Effective 7-1-17