

**APPLICATION FOR PROVISIONAL 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	
Mentor	_____
Assigned	

Degree(s) Obtained _____ *Attach transcript(s)*
Degree _____
Institution _____

Degree _____
Institution _____

Degree _____
Institution _____

Has the applicant completed at least twelve (12) credit hours in accounting coursework from an accredited postsecondary institution?

Yes *Attach transcript(s)*
No

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:

This application also serves as my application to the Kentucky Finance Officer Program

Signatures

Applicant _____ Date _____

Superintendent of employing district _____ Date _____