



PA CERTIFIED SCHOOL FACILITIES PROFESSIONAL (PCSFP) APPLICATION

Submit to: Stephanie Stehman
PASBO, 2608 Market Place, Harrisburg, PA 17110
sstehman@pasbo.org

Date _____

Applicant Information:

Name _____ Title _____

Employer _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Check one:

- ☐ Initial Application
- ☐ Renewal Application

I have enclosed the following required items:

- ☐ Completed application
- ☐ Payment fee (see below)

The following are also required for initial applications (as applicable)

- ☐ Copy of college/university diploma or transcripts
- ☐ Copy of Wilkes University certificates or transcripts

Payment Fee of \$50.00:

- ☐ Check – enclosed (Payable to PASBO)
- ☐ Credit Card – Cardholder Name: _____ Authorized \$ _____
- Card # _____ Exp. Date _____ Signature _____

FOR THE STATUS OF PA CERTIFIED SCHOOL FACILITIES PROFESSIONAL

This is to certify that I, the undersigned, have complied with all the requirements for the status of a Pennsylvania Certified School Facilities Professional. In addition to proper documentation provided here, I attest that I have demonstrated high standards of ethics, a commitment to my professional responsibilities in school facilities management, and I have made and will continue to make contributions to this profession and to the Pennsylvania Association of School Business Officials.

1) Membership

I am a participating member of the Pennsylvania Association of School Business Officials. I held PASBO “active” or “life” membership for the school years of _____ through _____.

2) Employment History

| Employer | Title/Position | Dates |
|----------|----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3) Education (Check one of the following and list corresponding educational achievements below)

☐ Associate degree or greater from an accredited institution of higher learning

OR

☐ Ten years’ experience leading a school facilities department (List above under section 2)

| Institution | Degree/Certificate Received | Dates |
|-------------|-----------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4) Continuing Education Units (CEUs)

Core Requirement – 24 CEUs for initial applicants ONLY! (must complete 6 of 7)

Date Completed

- | | |
|--|-------|
| 1. Elements of Facility Management OR Wilkes SBL 502 | _____ |
| 2. Elements of Budgeting and Planning OR Wilkes SBL 504 | _____ |
| 3. Elements of Purchasing OR Wilkes SBL 506 | _____ |
| 4. Elements of Human Resources OR Wilkes SBL 505 | _____ |
| 5. Elements of Leadership, Management & Supervision OR Wilkes SBL 510 | _____ |
| 6. Custodial Training | _____ |
| 7. Required Facilities Inspections | _____ |

Elective Requirement – 24 CEUs for initial applicants & 48 for renewal applicants (list in chronological order)

| Date(s) | Event Title | CEU Value |
|---------|-------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

5) Summary of CEUs

Below are the CEUs I have accumulated to satisfy the requirements of this certification.

Total CEUs Above

Core Requirement = _____

Elective Requirement = _____

Grand Total CEUs = _____

*Minimum CEUs required for initial applicants: **48** (24 core and 24 elective)*

*Minimum CEUs required for renewal applicants: **48** (all elective)*

6) Applicant Affidavit

I certify to the truth and accuracy of all the statements and representations made in this application. I understand that certification under this application will be conducted using the criteria and procedures stated in the publication entitled "PASBO Facilities Certification Program Guide" (most current edition) and related policies adopted by the PASBO Board of Directors.

I hereby grant the Pennsylvania Association of School Business Officials, its staff and its official's permission to review and verify any information submitted as part of this application or any subsequent renewal.

Print Name _____

Signature _____

Title _____

School Entity _____

Date _____

7) Verification by the Chief School Administrator

This is to certify that I, the undersigned, have carefully inspected the information contained in this completed application and to the best of my knowledge, it is true and accurate. Furthermore, I certify that said applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in their school facility assignments and responsibilities.

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Print Name _____

Signature _____

Title _____

School Entity _____

Telephone _____

Date _____