



PA CERTIFIED SCHOOL PAYROLL PROFESSIONAL (PCSPP) APPLICATION

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

Date _____

Applicant Information:

Name _____ Title _____

School Entity _____

School Mailing 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 applicants (as applicable for the education requirement)

- ☐ Copy of college/university diploma or transcripts
- ☐ Copy of Wilkes University certificate 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 PENNSYLVANIA CERTIFIED SCHOOL PAYROLL PROFESSIONAL

This is to certify that I, the undersigned, have complied with all the requirements for the status of a Pennsylvania Certified School Payroll 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 payroll 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	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Education (Please check one and list corresponding education requirements below)

- ☐ Associate degree or higher in an accredited institution of higher learning
- OR**
- ☐ Ten years' experience in a school payroll department (List above under section 2)

Institution	Degree/Cert. Received or Course	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Schedule for Reporting Continuing Education Units (CEUs)

Report CEUs in chronological order. Supporting documentation is **not** needed.

[illegible]

5) Summary of Continuing Education Units (CEUs)

Summarized below are the CEUs I have accumulated to satisfy certification requirements.

Total CEUs Above

Core CEUs = _____

Elective CEUs =

Grand Total CEUs =

*Minimum CEUs required for initial certification: **42** (20 core and 22 elective)*

*Minimum CEUs required for renewal certification: **42** (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 "Pennsylvania Certified School Payroll Professional (PCSPP) 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 his/her school assignments and responsibilities.

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Print Name _____

Signature _____

Title _____

School Entity _____

Telephone _____

Date _____