

## CERTIFICATE RENEWAL POINTS LOG Professional Points Log

(Use attachments if necessary) NAME: SCHOOL DISTRICT: Published Articles and other Literary Contributions to School Business Administration. Articles published which cover a business related topic and are distributed outside your own school district – 1 point per article, except in School Business Affairs – 2 points Title of Article \_\_\_\_\_\_ Publication \_\_\_\_\_\_ Date \_\_\_\_\_ Title of Article \_\_\_\_\_ Publication \_\_\_\_\_ Date \_\_\_\_\_ Title of Article \_\_\_\_\_ Publication \_\_\_\_\_ Date \_\_\_\_\_ Title of Article \_\_\_\_\_ Publication \_\_\_\_\_ Date \_\_\_\_\_ Total Points this Section \_\_\_\_\_\_ Completion of courses offered by the Oklahoma Center for School Business Management - 2 points each Course \_\_\_\_\_ Date \_\_\_\_\_ Course Date \_\_\_\_\_ Course \_\_\_\_\_ Date \_\_\_\_\_ Course Date \_\_\_\_ **Total Points this Section** <u>Presenter at OkASBO, ASBOI or other approved program – 2 points Topic:</u> Group: Date: Topic: Group: Date: \_\_\_\_\_ Topic: \_\_\_\_\_ Group: \_\_\_\_\_ Date: \_\_\_\_\_ Topic: \_\_\_\_\_ Group: Date: \_\_\_\_\_ Topic: Group: \_\_\_\_\_ Date: \_\_\_\_\_ Topic: \_\_\_\_\_ Group: Date: **Total Points this Section** Service as OkASBO, ASBOI or OCSBM Board of Director – 4 points per year Service as from to Service as from to Service as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_ **Total Points this Section** Service as OkASBO or ASBOI Committee Chairperson – 2 points per year Service as 
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 to
 **Total Points this Section Total Points this Section** <u>Attendance at ASBO International Annual Conference – 5 points</u> Write in dates.

Total Points this Section \_\_\_\_\_

## Attendance at OkASBO Fall or Spring Conference...Write in Dates – 3 points each

ompletion of an accredited college or university con	urse in School Management – 2 points/college hour
	Date
	Date
	Date
	Total Points this Section
pletion of Professional Continuing Education courses	
Development Programs, or approved Profess	sional Development Programs – 2 points each
	Date
Points this Section	
	Date
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	Date Date Date Date Total Points this Section  Total Accumulated Points
Signature of applicant:	Date Date Date Date Total Points this Section  Total Accumulated Points
Signature of applicant:	Date Date Date Date Total Points this Section  Total Accumulated Points
Mailing Address:	Date Date Date Date Total Points this Section  Total Accumulated Points
Mailing Address:E-mail:	Date Date Date Date Total Points this Section  Total Accumulated Points
Mailing Address: E-mail:  Attest:	Date Date Date  Total Points this Section  Total Accumulated Points
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Mailing Address:  E-mail:  Attest: Supervisor signature:	Date Date Date  Total Points this Section  Total Accumulated Points
Signature of applicant: Mailing Address: E-mail:  Attest: Supervisor signature: Date Submit to:	Date Date Date  Total Points this Section  Total Accumulated Points
Mailing Address: E-mail:  Attest: Supervisor signature:  Date	Date Date Date  Total Points this Section  Total Accumulated Points
Attest: Supervisor signature:  Submit to:	Date Date Date  Total Points this Section  Total Accumulated Points