

# APPLICATION TO CONVERT A TEMPORARY OR INITIAL SCHOOL BUSINESS OFFICIAL AUTHORIZATION

Board of Educational Examiners  
Use Only

Revised 7/15

Mail to: **Board of Educational Examiners, Licensure**  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, IA 50319-0147

PLEASE CHECK ONE (Please verify the exact type of authorization you have before completing this application):

I wish to convert my Temporary Initial SBO Authorization to an Initial SBO Authorization. I have included official transcripts with this application showing an additional three credits of accounting, and Section II of this form indicating enrollment in an approved SBO program.

I wish to convert my Initial SBO Authorization to a Standard SBO Authorization. I have included Section II of this form with the appropriate signatures verifying the completion at least one year of experience, 9 semester hours (or the equivalent) in the required competencies, a BoEE ethics program, a mentoring and induction program, and competency in the promotion and value of the fiduciary responsibility to the taxpayer.

**ALL APPLICANTS:**

I have included my \$86.00 fees (payable to the Iowa Board of Educational Examiners – check or money order only).

**LATE RENEWAL FEE.** An additional fee of \$25 per calendar month, not to exceed \$150, shall be imposed if an application is submitted after the expiration date and the candidate is serving in the licensure capacity.

**All fees are NONREFUNDABLE. Incomplete applications will be voided after 45 days.** Please allow four weeks for processing.

Applicant's Folder #	Social Security #	Date of Birth Month    Day    Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name  <i>Name changes require a photocopy of official legal documentation.</i>	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone  (    )	Daytime Phone  (    )	Email Address	

**Background Information:**

Attach a written explanation on 8 1/2" x 11" paper for any "Yes" response to questions "a" to "e." Be sure to include the date of the violation. DO NOT explain on this application form. If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes  No  PR  Have you ever been convicted of a felony?
- b. Yes  No  PR  Have you ever been convicted of a crime other than parking or speeding violations?  
(NOTE: Include all deferred judgments.)
- c. Yes  No  Do you currently have any criminal charges pending against you?
- d. Yes  No  PR  Have you ever had a founded report of abuse made against you?
- e. Yes  No  PR  Have you ever had an educational license denied, revoked, or suspended?
- f. Yes  No  Are you a United States citizen?

If you answered "No," check if you are:

- a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.
- an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. If so, please provide appropriate documentation.
- a foreign national not physically present in the United States.
- other – Please provide a detailed explanation on a separate 8 1/2 x 11 sheet of paper

**Statement of Fraud:**

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**If you are converting from a Temporary Initial SBO to an Initial SBO, please complete this section:**

**SECTION II: To be completed by the SBO program administrator.**

- This School Business Official has enrolled in an approved SBO program.

\_\_\_\_\_  
SBO program start date

\_\_\_\_\_  
SBO program estimated completion date

\_\_\_\_\_  
SBO program administrator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SBO program administrator printed name

**If you are converting from an Initial SBO to a Standard SBO, please complete this section:**

**SECTION II: To be completed by your Iowa school superintendent and SBO program administrator.**

Verification of SBO Experience: From (month) \_\_\_\_\_ 20\_\_\_\_ Until (month) \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

# \_\_\_\_\_  
Folder Number

\_\_\_\_\_  
Date

- This School Business Official has completed 9 semester hours (or the equivalent SBO program) in the required competencies, a BoEE Ethics program, a mentoring and induction program, and competency in the promotion and value of the fiduciary responsibility to the taxpayer.

\_\_\_\_\_  
SBO program administrator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SBO program administrator printed name