



Final Application

Michigan Institute for Educational Management School Administrative Professional Certification Program

Date: _____

Your Application must include:

- 1. Your job description
- 2. Application fee of \$60.00 made payable to MIEM.
(if it has not been paid, please remit payment with this application)

Submitted By:

Name: _____

Title: _____

School District: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

Payment Information:

I have already paid the \$60 application fee

Check enclosed made payable to MIEM

Charge my: Visa MasterCard

Cardholder's Name: _____

Card #: _____

Expiration Date: _____

Signature: _____

Please sign as it appears on your credit card

Please mail completed application along with supporting documents to:

Courtney Byam
Certification Coordinator
Michigan Institute for Educational Management
1001 Centennial Way, Suite 300
Lansing, MI 48917

MIEM Use Only:

Application fee paid

- ❑ Print & attach certification transcripts or certificates of completion to support classes taken to satisfy requirements of certification track.

Check the Status of your Certification online:

Log into the MIEM Web site *www.gomiem.org*. Then click on “certification status” in the right column. Then click on “login” to the right. Use your MIEM Login and Password to enter the system. When logged in, follow the “Certification” link in the blue box to the left.

Don't Forget to Include:



Verification by the Superintendent/Applicant Signature

Verification by the Superintendent

Signature: _____

Print or type Name: _____

Position: _____

School District: _____

Address: _____

City/State/Zip _____

Telephone # _____

Applicant Signature

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities in my school administrative role; and I will make every effort to contribute to my profession and to the Michigan Institute for Educational Management.

I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to the Michigan Institute for Educational Management to review and verify the information contained in, or in connection with, this application.

I, (name of applicant) _____, certify I am with this school district and that the information in this application is accurate and correct to the best of my knowledge.

Signature of Applicant

Date