

Tennessee Association of Board Secretaries Certification Program
Special Career Development and/or Presentation Request Form
Applicable Credit Year: _____

School System: _____ Date of Application: _____

Board/Executive Secretary Signature: _____

Director/Superintendent of Schools Signature: _____

1. Name of program/presentation: _____

2. Briefly outline the content of the program/presentation: _____

3. List specific objectives to be accomplished by the program/presentation: _____

4. Attach any additional description or materials to aid in explanation of the request.

5. Mail or Fax a completed request for approval at least 30 days prior to the intended event to:
TSBA Attention: TABS Certification Program
525 Brick Church Park Drive
Nashville, TN 37207
Fax: 615-815-3911

FOR TABS USE ONLY

_____ Approve

_____ Deny

Authorized Signature: _____

Title: _____

Date: _____