PROVISIONAL CERTIFICATION APPLICATION KENTUCKY FINANCE OFFICER CERTIFICATION PROGRAM

Applicant Name			
Address			
Telephone		<u>_</u>	
Employing school district			
Address			
Telephone		<u> </u>	
Contact person			
Degree(s) Obtained			
Degree			
Institution			
Degree			
Institution			
Degree			
Institution			

For Official Use Only
Date received
Certificate Number Issued
Mentor Assigned or Date Grandfather Status Recognized

Has the applicant completed at least twelve (12) credit hours in accounting coursework from an accredited postsecondary institution?	
Yes Attach transcript(s)	
No	
List work experience which was primarily in accounting or finance.	
Employer	
Dates of employment FromTo Description of relevant experience:	

Employer		
Dates of employment From Description of relevant experience:	То	
Employer		
Dates of employment From Description of relevant experience:	To	
Employer		
Dates of employment From	То	

CHECK ONE:			
	This application also serves as my application to the Kentucky Finance Officers Int	ernship Program (KFIP)	
	This application serves as my request for grandfather status		
Signatures			
Applicant	Date _		
Superintender	dent of employing district Date _		

FULL CERTIFICATION APPLICATION KENTUCKY FINANCE OFFICER CERTIFICATION PROGRAM

Applicant Name				
Address			-	For Official Use Only
			<u>-</u>	
Telephone				Date received
				Certificate Number Issued
Employing school district	·		-	
Address			-	
			-	
Telephone				
Contact person			-	
Provisional certificate nur	mber			
Date issued				
Date of successful compl (attach KFIP Assessment		Kentucky Finance Officer Internship Program ittee Final Report)		
Has the applicant obtained	ed fiftee	n (15) hours of school finance training by a provic	ler approved by	/ KDE for this purpose?
Yes		attach documentation		
No				
Has the applicant obtained	ed twelv	e (12) hours of MUNIS training offered by a provi	der approved b	y KDE for this purpose?
Yes		attach documentation		
No				
Signatures:				
Signatules.				
Applicant			Date	
Superintendent of emplo	ying dis	trict	Date	

INTERN PROGRESS REPORT KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Intern Name	
Mentor Name	
Date Internship Began	
	Quarter:
Curriculum Area	ND PD D N/A
Audit	
Comments:	
P. deste	
Budgets	
Comments:	
Cash Management	
Comments:	
Comments:	
Construction	
Comments:	
30	

Financial Statements		
Comments:		
Funding		
Comments:		
Internal Controls		
Comments:		
Purchasing		
Comments:		
Signatures		
Mentor		Date
Intern		Date
FOCP-3 Effective 7-1-15	Key: ND - not demonstrated; PD - partially demonstrated; D - demonstra	ated; N/A - not applicable for the period.

ASSESSMENT COMMITTEE REPORT KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Intern Name	
Date Internship Began	
Mentor Name	
Superintendent or Designee	
KDE Representative	
	First Half
Curriculum Area	Second Half
Curriculum Area	ND PD D N/A
Audit	
Comments:	
Budgets	
Comments:	
Cash Management	

Comments:	
Construction	
Comments:	

Financial Statements	
Comments:	
Funding	
Comments:	
Internal Controls	
Comments:	
Purchasing	

Comments:		
The result of the KFIP internship:	(applicable only for the second half report)	
	Successful completion	
	Portion(s) to be repeated:	
Signatures	Entire internship to be repeated	
Mentor		Date
Superintendent or Designee		Date
KDE Representative		Date
Intern		Date

 $\label{eq:Key:ND-not} \textbf{Key: ND-not demonstrated; PD-partially demonstrated; D-demonstrated; N/A-not applicable in this period.}$

ASSESSMENT COMMITTEE REPORT KENTUCKY FINANCE OFFICER INTERNSHIP

Intern Name	
Date Internship Began	
Mentor Name	
Superintendent or Designee	
KDE Representative	
Curriculum Area	
Curriculum Area	
Audit	
Comments:	
Budgets	
Comments:	

Cash Management

Comments:			
Construction			
Comments:			

Financial Statements
Comments:
Funding
Comments:
Internal Controls
Comments:

Purchasing

Comments:		
The result of the KFIP internsh	nip: (ap	oplicable only for the second
		Successful completion
		Portion(s) to be repeated:
		Entire internship to be rep
Signatures		
Mentor		
Superintendent or Designee		
KDE Representative		
Intern		
		Key: ND - not demonstrate

MENTOR APPLICATION KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Applicant Nam Address Telephone	e		For Official Use Only Date received Interview Date
Employing sch Address	ool district		
Telephone			
Has the applic	ant obtained full	certification under the Kentucky Finance Officer Certificat	ion Program?
	Yes	Certificate Number	Date Issued
	No		
If the applican	t answered "No"	above, has the applicant been employed as a Kentucky f	inance officer prior to July 1, 2015?
	Yes	Date of initial employment as a KY finance officer	
	No		
Degree(s) Obt	ained		
Degree			
Institution	I		
Degree			
Institution	l <u></u>		
Degree			
Institution	1		
List work expe	rience which was	s primarily in accounting or finance.	
Employer			
	employment n of relevant exp	FromTo perience:	

Employer	_
Dates of employment FromTo Description of relevant experience:	_
Employer	_
Dates of employment FromToTo	_
Employer	- -
Description of relevant experience:	
I understand that an interview and successful completion of KDE N	Mentor Training is required to become a KFIP mentor.
gnatures	
plicant	Date
perintendent of employing district	Date

FINANCE OFFICER CURRICULUM KENTUCKY FINANCE OFFICER INTERNSHIP PROGRAM

Audit

- Internal
- Annual independent audit

Budgets

- Tentative
- Working
- Budget amendments
- Budget projections

Cash Management

- Investments
- Cash flow projections
- Reconciliations

Construction

- Funding, including bond issuances
- Tracking

Financial Statements

- Unaudited AFR, balance sheet
- Entity-wide statements, management's discussion & analysis, notes
- Monthly Reporting

Funding

- SEEK
- Taxes
- Grants

Internal Controls

- Assets
- Expenditures
- Financial management system, including roles and security

Purchasing

- Model procurement
- Bid law
- Cooperative purchasing