



## Statement of Certification for Mississippi School Board Members NSBA Annual Conference / Southern Region Conference

Board members must complete and return this form (both pages)  
to MSBA within 3 weeks of the conference to receive 6 hours credit.

*Please Note: This is a 2-Page Form*

REMINDER: Credit for attending this conference does NOT replace  
the 12-hour Basic Course that NEW BOARD MEMBERS are required to complete.

*Please print or type all information except your signature.*

Check One

- NSBA Annual Conference  
 NSBA Southern Region Conference

- Your Name \_\_\_\_\_
- Conference Dates / Location \_\_\_\_\_
- School District \_\_\_\_\_
- By completing this Statement of Certification (both pages) and by signing below, I hereby certify that I did attend the **Conference Checked Above** and that the information entered in this document is true and accurate.
- Signature \_\_\_\_\_

*Please complete page 2, then respond to the following:*

1. Which workshop/session was the **most valuable** to you as a board member?

\_\_\_\_\_

2. What **new ideas/strategies/procedures** did you learn during the Conference that you will take back to your local school district?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How are you going to **use what you learned** during the conference? What will you do to implement new ideas/strategies/procedures?

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Please provide the title, presenter/s and length for each session/workshop you attended. Total hours must be 6 or more. DO NOT include meals. No breakfast, luncheon or dinner session will count toward the required hours.

<u>Session/ Workshop Title</u>	<u>Presenter/s</u>	<u>Length</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Total number of hours for all workshops/sessions attended: \_\_\_\_\_  
NOTE: Total hours must be 6 or more. DO NOT include meals.  
(No breakfast, luncheon or dinner session will count toward the required hours.)

Please Print Your Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
NOTE: Credit for this conference will be applied to the Current School Year,  
which ends on June 30.

This 2-page Statement of Certification should be completed and faxed or mailed to MSBA  
within 3 weeks after the Conference has ended.

MSBA / P. O. Box 203 / Clinton MS 39060  
Fax: 1 (601) 924-2003