



New Jersey School Boards Association

COURSE/PROGRAM CREATION FORM

Please complete and return to the Call Center electronically, callcenter@njsba.org, and copy jfafford@njsba.org. A separate form is required for each time a course is offered.

Program title											
Proposed course # (12 digits)											
Location and room # (and building name, if on a campus)											
Maximum number of participants –						Cost(members/non-members)					
Date(s)		Date badges are needed –									
Registration Start Time-		Program: Start time				End time					
Complete or circle all information that is applicable to the program											
# of BMA credits-		# of I-STEAM credits				# of Sustainability credits					
County Meeting		NBMO In Person		DA		Workshop					
Board Professional Development		QPA		CEFM		Future Ready					
Other Professional Development		CEU		CLE							
NJSBA Destination Event: I-STEAM Sustainability TEC Other				NJSBA Webinar: I-STEAM Sustainability Other							
Program Focus: Advocacy Communications Labor Relations Finance Leadership Governance Student Achievement Legal/Policy District Savings Technology I-STEAM Sustainability											

Please check as necessary:

☐ This program is included in the (name of department) 2017-2018 budget
 Receipts Acct# _____ Expenditure Acct# _____

(If the course/program was not included in your department's 2017-2018 budget, complete the financial section below and submit this form to the director of budget and finance. If the course/program was included in your department's 2017-2018 budget, you do not need to complete the financial section below and submit the form directly to the Call Center)

N E W J E R S E Y S C H O O L B O A R D S A S S O C I A T I O N

GOVERNANCE & OPERATIONS

FILE CODE: GO/6603.1E

PROGRAMS AND SERVICES

BOARD MEMBER ACADEMY CREDIT FOR PROGRAMS

GOVERNANCE & OPERATIONS

FILE CODE: GO/6603.1E

PROGRAMS AND SERVICES

BOARD MEMBER ACADEMY CREDIT FOR PROGRAMS

- ☐ This is the first time we are using this facility and I have attached directions.
☐ We have used this facility before and I have checked the directions on file and they are accurate.
☐ No contract necessary

Submitted by: _____ Date: _____

Director's Approval: _____ Date: _____

FINANCIAL ACCOUNT(S): (Requires an account to be created)

Receipts Acct #:		Estimated Revenue	
Expenditure Acct #:		Estimated Total Cost	
		Facility Rental	
		Food	
		Other	

Reviewed/Approved by Director of Budget & Finance: _____ Date: _____

☐ **PROGRAM CANCELLED:** _____ **Date** _____

☐ **CANCELLATION APPROVED** _____ **Date** _____

Executive Director