

Officer Candidate Name
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**I. State Officer Candidate Information**

Candidate Name: \_\_\_\_\_

School: \_\_\_\_\_

State Office Sought: \_\_\_\_\_

**II. State Officer Application Certification**

I attest that all information presented in the State Officer Application as well as the required attachments (essay, high school transcript, and resume) are true and accurate.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We have reviewed the student’s completed State Officer Application as well as the required attachments (essay, high school transcript, and resume) and attest that they are true and accurate. We fully support this candidate for state office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. State Officer Candidate Handbook Acknowledgement**

I have fully read and understand the Maryland FBLA State Officer Candidate Handbook (“Handbook”). If elected or appointed as a state officer for Maryland FBLA, I will carry out my responsibilities in accordance with the Handbook and understand that I may be removed from office at any time by the FBLA Board of Directors if I do not completely adhere to these established standards for State Officers. Furthermore, I understand and accept that these standards and regulations apply to all official and unofficial FBLA activities during my term of office.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We, the Parent/Guardian and Chapter Advisor, have fully read and understand the Maryland FBLA State Officer Candidate Handbook (“Handbook”). We understand if elected or appointed as a state officer for Maryland FBLA, the student is expected to carry out his/her responsibilities in accordance with the Handbook and understand they may be removed from office at any time by the FBLA Board of Directors if they do not completely adhere to these established standards for State Officers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**IV. Code of Conduct, Code of Ethics, and Events/Activities Commitment**

I have read and understand the Code of Conduct, Code of Ethics, and Events/Activities Commitment. If elected or appointed as a state officer for Maryland FBLA, I will carry out my responsibilities in accordance with these statements and understand that I may be removed from office at any time by the FBLA Board of Directors if I do not completely adhere to these established standards for State Officers. Furthermore, I understand and accept that these standards and regulations apply to all official and unofficial FBLA activities during my term of office.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We, the Chapter Advisor and School Principal, have reviewed the applicant’s scholastic ability, upcoming school/personal workload, and the Code of Conduct, Code of Ethics, and Events/Activities Commitment and recommend them for Maryland FBLA state office.

Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the Chapter Advisor, will attend the organizational meeting with the state officer team on the date specified in the Events/Activities Commitment section of the state officer application. I understand that both my state officer’s attendance and my attendance are required at this meeting. In addition, the chapter advisor commits to submitting dues to National and Maryland FBLA-PBL for the officer and at least four other members on or before October 20.

Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**V. Certification of the State Officer Candidate**

Certification by Local Chapter (Advisor & Chapter President) and School Principal

The credentials for this candidate are included in the State Officer Application and attachments. To the best of our knowledge, our candidate meets the qualifications specified in this application for the office sought and is recommended by a two-thirds vote of the total membership of our chapter. If elected or appointed, our candidate will receive the enthusiastic support of the chapter, school, and advisor, in the execution of the duties of this office. We have read the State Officer Candidate Handbook, including but not limited to the Code of Conduct, Code of Ethics, and Events/Activities Commitment, and agree to assist our candidate as necessary in their leadership development.

_____	_____	_____
Chapter President	Chapter Advisor	School Principal
_____	_____	_____
Date	Date	Date

Certification by Parent/Guardian

If my son/daughter is elected to state office, I understand that he/she will be required to commit to and attend all activities as specified in this State Officer Application and Handbook. In addition, he/she will be expected to fully participate in all other meetings and events called by Maryland FBLA. As parent/guardian, I/we will support our child and assist as necessary with travel, monetary assistance, and moral support of their leadership development. I/We have read the State Officer Candidate Handbook, including but not limited to the Code of Conduct, Code of Ethics, and Events/Activities Commitment and agree to assist our child as necessary in their leadership development. I/We grant permission to Maryland FBLA to put my/our son/daughter's name, FBLA office, FBLA office e-mail address, school information, picture(s), and/or video(s) on the Maryland FBLA web site and in other materials published, displayed, exhibited or disseminated in any and all forms of media or distribution.

_____	_____
Parent/Guardian	Print Name
_____	_____
Date	Home and Cell Phone

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**V. Certification of the State Officer Candidate (continued)**

Certification by Officer Candidate

I agree to adhere to the state officer candidate rules and regulations and, if elected or appointed, will fulfill the duties and responsibilities of the state office as stated in this State Officer Application and the State Officer Candidate Handbook. I have read the State Officer Candidate Handbook, including but not limited to the Code of Conduct, Code of Ethics, and Events/Activities Commitment, and agree to these items in my leadership development.

\_\_\_\_\_  
State Officer Candidate

\_\_\_\_\_  
Date

Reimbursement Certification

I agree to reimburse Maryland FBLA for costs associated with service as a state officer in the event that I am unable to complete my term of office. Resignation may include non-medical reasons; removal from office for failure to follow the State Officer Candidate Handbook, including but not limited to the Code of Conduct, Code of Ethics, Events/Activities Commitment, Communication Requirements, and Transportation Requirements; failure to maintain the required GPA; and/or other circumstances not becoming of an FBLA State Officer.

\_\_\_\_\_  
State Officer Candidate

\_\_\_\_\_  
Chapter Advisor

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## VI. Campaign Rules and Regulations Acknowledgement Sheet

Candidate Acknowledgement (all candidates complete this)

I have read the Campaign Rules and Regulations and agree to abide by the terms listed.

\_\_\_\_\_  
Officer Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor

\_\_\_\_\_  
Date

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Regional Officer Candidates (regional vice president candidate only)

I have read the Campaign Rules and Regulations and agree to abide by the terms listed. Furthermore, **I understand that my local chapter is responsible for conducting the Regional Conference in January.** Our local chapter will work with the State Director, local CTE Director, and Maryland FBLA Board of Directors to conduct this conference. I understand that certain time and expenses are involved in running the Regional Conference. I understand that our chapter is responsible for securing judges for the performance events at the Regional Conference and that these judges must be business professionals, community leaders, and/or government officials. Under no circumstances may teachers serve as judges. Our chapter will provide the date, alternate date (for inclement weather), and location of our Regional Conference to the Board of Directors by June 15. If we will not be able to provide the date by this time, we will indicate, in a separate letter to the Board of Directors to be included with this completed application, an estimate of when we will provide the date, alternate date, and location of our Regional Conference. Any questions or concerns I have about conducting the regional conference have been answered and addressed.

\_\_\_\_\_  
Officer Candidate

\_\_\_\_\_  
Date

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Regional Officer Advisors and CTE Director (regional vice president candidates only)

We, the local chapter advisor and the local CTE Director, have read the Campaign Rules and Regulations and agree to abide by the terms listed. **Furthermore, I understand the following:**

- Our local chapter is responsible for planning and conducting the Regional Conference in January. Our local chapter will work with the State Director, local CTE Director, and Maryland FBLA Board of Directors to conduct this conference.
- Certain time and expenses are involved in running the Regional Conference and those are the responsibility of my chapter. If my regional vice president resigns or is removed from state office, my chapter and county is still responsible for conducting the Regional Conference.
- Our chapter is responsible for securing judges for the performance events at the Regional Conference and these judges must be business professionals, community leaders, and/or government officials. Under no circumstances may teachers serve as judges.
- Our chapter will provide the date, alternate date (for inclement weather), and location of our Regional Conference to the Board of Directors by June 15. If we will not be able to provide the date by this time, we will indicate, in a separate letter to the Board of Directors to be included with this completed application, an estimate of when we will provide the date, alternate date, and location of our Regional Conference.

Any questions or concerns I have about conducting the regional conference have been answered and addressed.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTE Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_