

RECORD OF EXPERIENCE AND EDUCATION

Refer to the Professional Standards Program booklet and enter information requested below. Mail together with a \$45 PSP certificate application fee to the NAEOP PSP Registrar, National Association of Educational Office Professionals, 1841 S. Eisenhower Ct., Wichita, KS 67209. Make check or money order payable to the National Association of Educational Office Professionals. VISA, MasterCard & Discover are accepted. A \$5 convenience fee will be added to all credit card, debit card and P-cards used for payment. Applicant must be a member of NAEOP. PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL to psregistrar@naeop.org.

Date _____ Membership Number _____ (See membership card or recent mailing label)

Name _____ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) _____

Mailing Address _____ City State ZIP _____

Email Address _____

Work Phone () _____ Home Phone () _____ FAX () _____

Certificate level and option for which application is being made: _____ Level _____ Option _____

EXPERIENCE

Beginning with current position, list enough of your work experience to demonstrate 4 years of experience with a minimum of 2 years in an educational office.

Table with 4 columns: Name of school or business, Address of school or business, Job Title (ex: secretary, bookkeeper, etc.), Dates of Employment (From: Mo./Yr. To: Mo./Yr.).

Name on Credit Card _____ Credit Card: VISA MasterCard Discover

Address of Credit Card holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____