

APPLICATION FOR RECERTIFICATION OF CERTIFICATE LEVEL

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
P.O. Box 12619
Wichita, KS 67277-2619

Place this form on the TOP of your application packet and include Form VI and appropriate documentation. Mail this application and \$20 to the NAEOP PSP Registrar at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. VISA AND MasterCard are accepted.

THIS FORM MUST BE TYPED.

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

Name of Applicant Previous Name(s) (if applicable) (Name as you wish it to appear on the Recertification Certificate)

Address Mailing Address City State ZIP+4

Work Phone Home Phone FAX

Email Address

Highest PSP Certificate Level Option Date on Certificate

Continuous NAEOP member since

Name on Credit Card Credit Card: Visa MasterCard

Credit Card Number Expiration

Signature

For Office Use Only

- 60 hours of continuing education verified
5 years continuous NAEOP membership verified

Recertification is: approved not approved

Remarks:

Date NAEOP PSP Registrar

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