

APPLICATION FOR RECERTIFICATION OF PSP 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 signed 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, MasterCard & Discover 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 _____

If paying application fee by credit card, please insert information at the bottom of the form.

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

Name on Credit Card _____ Credit Card: Visa MasterCard Discover

Credit Card Number _____ Expiration _____

Signature _____