

CONTINUING EDUCATION FOR RECERTIFICATION

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

Date _____

Form must be verified by your local, state, or national PSP chairman or local/state president. If you hold one of these offices, it is not permissible to verify your own forms. **THIS FORM MUST BE TYPED and attached to Form V for recertification.**

Name of Applicant _____

Address _____
Mailing Address
City
State
ZIP+4

Email Address _____

• **Business School**

Name of business school _____

Official transcript or statement/certificate of completion (check one): Enclosed Being sent from business school

List courses/hours:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

• **College or University Credit**

Name of college or university _____

Official transcript (check one): Enclosed Being sent from college / university

List courses/credit hours:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

• **Adult Education, Inservice Education, Continuing Education Courses, Workshops or Seminars:**

Attach copies of signed certificates of completion since the awarding of last certificate. Note: For first recertification application only, any carryover points from Form IIIa may be used (convert points to hours ... 1 point equals 6 hours).

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Days or Hours</i>	

I certify the above statements to be correct according to my knowledge.

 Signature of Applicant

I verify the above statements to be correct according to documents attached to this form.

 Signature of PSP Chairman (local or state) or President (local of state) – Circle appropriate one.

Subscribed and sworn to before me this _____ day of _____, Notary Public

My commission expires _____

 Mailing Address

 Name of Association

 Date

If you need additional writing space, please continue on page 2 or use duplicate of this form.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Days or Hours</i>	

Total hours _____