

EDUCATION

Section 1. High school or equivalency required for all certificate levels.

Name of high school from which graduated _____ Date _____

Address _____

Transcript or copy of diploma verifying high school graduation is (check one): Enclosed Being sent from high school

NOTE: If you are submitting postsecondary education credits from an accredited institution of higher education, it is not necessary to submit a high school transcript.

Section 2. Postsecondary education – Colleges/Universities: To be completed for verification of college credit earned.

<i>Name of College or University</i>	<i>City and State</i>	<i>Dates Attended</i>

Transcripts are (check one): Enclosed Being sent from college and/or university

All documents submitted become a part of the applicant's file.

PROFESSIONAL ACTIVITY RECORD
Inservice/Education Hours

Reply to: NAEOP Staff
 Professional Standards Program
 Email to: staff@naeop.org

Date _____

Form must be verified by your local, state, national PSP Chairman or NAEOP PSP committee member or local/state president. If you hold one of these offices, it is not permissible to verify your own forms. PLEASE COMPLETE ELECTRONICALLY AND EMAIL.

Name of Applicant _____

Address _____ City, State, ZIP _____

Email Address _____

**NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS
 AND EDUCATIONAL INSTITUTIONS**

IMPORTANT: Attach copies of signed certificates of attendance/completion for all workshops/seminars and transcripts for college credits listed below.

Sponsoring Organization	Title of Program	Date	Hours	Minutes

Total Hours _____

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 or President (of your local or state NAEOP affiliated association) or NAEOP PSP Committee member (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

 Mailing Address

 Name of Association

Date _____

If you need additional writing space, please use duplicate copy of this form.

PROFESSIONAL ACTIVITY RECORD of National, State, and Local Association Responsibility

Reply to: NAEOP Staff
Professional Standards Program
Email to: staff@naeop.org

Date _____

Form must be verified by your local, state, or national PSP Chairman or local/state president or NAEOP PSP Committee member. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL.**

Name of Applicant _____

Address _____ City, State, ZIP _____

Email Address _____

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education- related association memberships and participation. Spell out all acronyms other than AEOP and PTA. **A minimum of 5 points must be earned from local, state, or national NAEOP-affiliated associations for educational professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

Association/Organization		PARTICIPATION					
		Membership <i>One point per year</i>		Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker <i>Two points per year/Presentation</i>		Committee Member <i>One point per year</i>	
		Year(s) i.e. 2004-2005	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

Total Points _____

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 or President (of your local or state NAEOP affiliated association) or NAEOP PSP Committee member (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

Mailing Address

Name of Association

Date

**National Association of Educational Office Professionals
Professional Standards Program Checklist**

Name _____

Address _____

City, State, ZIP+4 _____

Email Address _____

Option you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Associate Professional | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Advanced I | <input type="checkbox"/> Master Degree |
| <input type="checkbox"/> Advanced II | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Advanced III | |

- Recertification
 CEOE only
 CESE only

Forms required for Applying for your first PSP Certificate	Applicant	PSP Chairman/ President	NAEOP Staff
Form I, Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form I, Page 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIa: Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIb: Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms required for Upgrading your PSP Certificate			
Form IIa: Newly completed since last certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIb: Newly completed since last certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms required for Recertification			
Form IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form Va	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms required for CEOE/CESE			
Form VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use only

Application is _____ Approved _____ Not approved

Remarks _____

- _____ Inservice Carryover
 _____ AEOP Carryover
 _____ Non AEOP Carryover

NAEOP Staff

Date