RECORD OF EXPERIENCE AND EDUCATION

Refer to the Professional Standards Program booklet and enter information requested below. Mail a \$45 PSP certificate application fee to the NAEOP staff, National Association of Educational Office Professionals, 521 First St., PO Box 10, Milford, NE 68405.

Make check or money order payable to the National Association of Educational Office Professionals. American Express, VISA, MasterCard & Discover are accepted. A \$5 convenience fee will be added to all credit cards, debit cards and P-cards used for payment. Applicant must be a member of NAEOP. PLEASE COMPLETE ELECTRONICALLY AND EMAIL TO staff@naeop.org.

| Date | Men | nbership Number | | | | | |
|---|--|--|------------------------------|--------------------------------|-----------------------------|--|--|
| | (See membership card or recent mailing lab | | | | | | |
| | | | sh it to appea | r on the PS | P Certificate | | |
| | able) | | | | | | |
| | | | | | | | |
| EmailAddress | | | | | | | |
| Work Phone () | Home Phone (|) | FAX (|) | | | |
| Certificate level for which a | pplication is being submitted | : | | | | | |
| | | | Level | | _ | | |
| _ | EXPERII | ENCE | | | _ | | |
| Beginning with current position an educational institution. | on, list work experience demons | | ience with a | minimum | of 2 years | | |
| Name of school or business | Address of school or business | Job Title/duties (ex: secretary, teacher asst., bookkeeper, custodian, etc.) | Full-time or Part-time | Dates of E From: Mo./Yr. | mployment To: Mo./Yr. | | |
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| Name on Credit Card | Cre | dit Card: 🗆 VISA 🗆 Ma | asterCard \Box | Discover | □ AMEX | | |
| Address of Credit Card Hol | der | | | | | | |
| Credit Card Number | | | Expiratio | on | | | |
| | | | - | | | | |

EDUCATION

| Section 1. | High school or equiva | llency required for all certi | ficate levels. | | | |
|-----------------------------------|---|---|----------------------------|--------------------|-----------------|--------------------|
| Name of high | n school from which | graduated | | | Dat | te |
| Address | | | | | | |
| Transcript or co | opy of diploma verifying | g high school graduation is | s (check one): | \square Enclosed | □ Being sen | t from high school |
| NOTE: If you education, it | are submitting pos is not necessary to | stsecondary education submit a high school t | credits from ranscript. | an accredit | ed institutic | on of higher |
| Section 2. | Postsecondary educa | tion – Colleges/Universitie | es: To be comple | eted for verifica | ation of colleg | ge credit earned. |
| | Name of College o | or University | | City and S | tate | Dates Attended |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Transcripts a | are (check one): | □ Enclosed □ B | seing sent froi | m college an | ıd/or univer | rsity |

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

PROFESSIONAL ACTIVITY RECORD Inservice/Education Hours

| Reply to: | NAEOP Staff Professional S Email to: staff | Standards Program | | | | | | | |
|---|---|--|--|--------------------------------|-------------------------|------------------------|--|--|--|
| | Linaii to. Staii | egnacop.org | | Date | | | | | |
| Form must l local/state p COMPLETE | pe verified by you president. If you ELECTRONICAL | ur local, state, national l hold one of these office LY AND EMAIL. | PSP Chairman or NA s, it is not permissibl | EOP PSP com e to verify you | mittee me ır own for | ember or ms. PLEASE | | | |
| Name of Ap | plicant | | | | | | | | |
| _ | | | | | | | | | |
| Email Addre | ess | | | | | | | | |
| N.A | ATIONAL, STATI | E, LOCAL, AND WORK AND EDUCATIO | -RELATED PROFES NAL INSTITUTION | SSIONAL ASS IS | OCIATIO | NS | | | |
| IMPORTANT: college credits | | ned certificates of attendance | ce/completion for all wor | kshops/seminars | s and transc | ripts for | | | |
| Sponsoring C | rganization | Title of Program | | Date | Hours | Minutes | | | |
| | | | | | | | | | |
| | | | | Т | otal Hours | S | | | |
| I certify the above statements to be correct according to my knowledge. | | | I verify the above statements to be correct according to documents attached to this form. | | | | | | |
| Signature of Applicant | | | 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 | | | | | | |

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

Date _

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

| | onal Standard | | ram | | | | |
|--|-----------------------------|------------------|---|---|---|---------------------------------------|--|
| Email to: staff@naeop.org | | | | Date | | | |
| Committee member. If COMPLETE ELECTRO | you hold one ONICALLY AN | of thes ND EM | or national PSP Chairman se offices, it is not permiss I <u>AIL.</u> | sible to v | /state president or learning // | NAEOP PSP ns. <u>PLEASE</u> | |
| | | | | | | | |
| | | | City, | State, Z | IP | | |
| Email Address | | | | | | | |
| ships and participation. Spell out a | ill acronyms other th | an AEOP | ciations for educational office profess and PTA. A minimum of 5 points mus mbership cards or signed documentat | be earned | from local, state, or national | NAEOP-affiliated | |
| | | | | PARTICIPATION | | | |
| Association/Organization | Members | hip | Elected Officer/Committee Ch Workshop/Seminar Leade Keynote Speaker | Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker | | CommitteeMember | |
| | One point pe | er year | Two points per year/Present | ation | One point per | year | |
| | Year(s) i.e. 2004-2005 | Points i.e. 1 | Activity & Year | Points | Activity & Year | Points | |
| | | | | | | | |
| | | | | | Total Points | S | |
| I certify the above statemer according to my knowledge | | | • | | ements to be correct its attached to this form | | |
| Signature of Applicant | | | affiliated associa | ation) or NA P member a | or President (of your local or EOP PSP Committee member Ind hold a current PSP Certific | (signee must be | |
| | | | Mailing Address | : | | | |

Name of Association

Date ___

Date

National Association of Educational Office Professionals Professional Standards Program Checklist

| Name | | | |
|--|--|----------------------------|----------------|
| Address | | | |
| City, State, ZIP+4 | | | |
| Email Address | | | |
| Emaii Address | | | |
| Option you are applying for: Basic | | | |
| | Applicant | PSP Chairman/ President | NAEOP Staff |
| Forms required for Applying for your first PSP Certificate | | + | |
| Form I, Page 1 | | | |
| Form I, Page 2 | | | |
| Form IIa: Signed by PSP Chairman or President | | | |
| Form IIb: Signed by PSP Chairman or President | | | |
| | | | |
| Forms required for Upgrading your PSP Certificate | | | |
| Form IIa: Newly completed since last certificate | | | |
| Form IIb: Newly completed since last certificate | | | |
| Form III | | | |
| | | | |
| Forms required for Recertification | | | |
| Form IV | | | |
| Form V | | | |
| Form Va | | | |
| | | | |
| Forms required for CEOE/CESE | | | |
| Form VI | | | |
| For office use only | | | |
| Application is Approved Not approved Remarks | | | |
| Inservice Carryover | | | |
| AEOP Carryover Non AEOP Carryover | | NAEOP | Staff |
| | | | |