

National Association of Educational Office Professionals Professional Standards Program Checklist

July 2025

Name _____

Address _____

City, State, ZIP+4 _____

Email Address _____

Option you are applying for:

- ☐ Basic
☐ Associate Professional
☐ Advanced I
☐ Advanced II
☐ Advanced III

☐ Associate Degree
☐ Bachelor Degree
☐ Master Degree
☐ Doctoral Degree

NAEOP Membership # _____

☐ Recertification ☐ CEOE ☐ CESE

Forms required for Applying for your first PSP Certificate \$45.00	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 \$45.00			
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 \$25.00			
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 \$55.00			
Form VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Renewal (optional) \$55.00			
Credit Card Fee (if applicable) \$5.00			
TOTAL DUE (if not credit card, check enclosed) \$ _____			

For office use only

Application is _____ Approved _____ Not approved

Remarks _____

_____ Inservice Carryover
 _____ AEOP Carryover
 _____ Non AEOP Carryover

NAEOP Staff_____
Date

APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Refer to the Professional Standards booklet and submit the information requested below. Mail a \$45 upgrade fee to NAEOP at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. AMEX, VISA, MasterCard & Discover are accepted. A \$5 convenience fee is added to all credit cards, debit cards and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL FORM to staff@naeop.org.**

Date _____ Membership Number _____

Name of Applicant/Previous Name(s) (if applicable) _____

Address _____ City, State, ZIP+4 _____

Work Phone (____) _____ Home Phone (____) _____ FAX (____) _____

Email Address _____

Present Certificate Level _____ Date of Certificate _____

Application is being made for Certificate level _____

I. EDUCATION

A. Adult Education, Inservice Education or Continuing Education Courses.
List courses on back of this form and enclose signed documentation of completion.

B. Post secondary Education - college or university credit
Name of college or university _____

Transcript (check one): ☐ Enclosed ☐ Being sent from college / university

II. EXPERIENCE

List work experience, (education or business) since the awarding of your last certificate, beginning with your current position.

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 Employment	
				From: Mo./Yr.	To: Mo./Yr.

- On the back of this form, list education courses taken for this certificate update and enclose transcript or certificate of completion for each.
- Place this form on the TOP of your application packet. Enclose copies of newly completed Forms IIa, and IIb, indicating points earned since the awarding of last certificate, and attach certificates of attendance/completion.

Name on Credit Card _____ Credit Card: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Address of Credit Card Holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

HOURS

[illegible]

Revised 07/2025

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, or state PSP Chairman or local/state president or NAEOP PSP Liaison. 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 Liaison (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 _____

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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.

PARTICIPATION					
Association/Organization	Membership		Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker		CommitteeMember
	<i>One point per year</i>		<i>Two points per year/Presentation</i>		<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 Liaison (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

Mailing Address

Name of Association

Date