



**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.*

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**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

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*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.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>	<i>Minutes</i>

Total Hours \_\_\_\_\_

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

\_\_\_\_\_  
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  
EMAIL to: staff@naeopboard.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+4 \_\_\_\_\_

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 associations for educational professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

Association/Organization	PARTICIPATION					
	Membership		Elected Officer or Committee Chairman		Workshop or Seminar Leader or Keynote Speaker—One point per presentation	
	One point per year		Two points per year		Committee Member One point per year	
	Year(s) i.e. 1994-95	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

Total Points \_\_\_\_\_

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

\_\_\_\_\_  
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           |   |
| <br>  |   |
| <input type="checkbox"/> Recertification        |   |
| <input type="checkbox"/> CEOE only              |   |
| <input type="checkbox"/> CESE only              |   |

	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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form III (Upgrade only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IV (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form V (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form Va (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form VI (CEOE or CESE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment included with application	<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