

**APPLICATION FOR RECERTIFICATION OF PSP CERTIFICATE LEVEL**

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

Place this form on the TOP of your application packet and **include Form V and appropriate signed documentation**. Mail \$25 fee to the NAEOP Staff 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 card, debit card and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL to staff@naeop.org.**

Date \_\_\_\_\_ Membership Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_ (See membership card or recent mailing label)  
 (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City State ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Highest PSP Certificate Level \_\_\_\_\_ Date on Certificate \_\_\_\_\_

Continuous NAEOP member since \_\_\_\_\_

**If paying application fee by credit card, please insert information at the bottom of the form.**

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- 60 hours of continuing education verified  
 5 years continuous NAEOP membership verified

Recertification is:  approved  not approved

Remarks:

Date \_\_\_\_\_ NAEOP Staff \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Credit Card:  Visa  MasterCard  Discover  AMEX

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**CONTINUING EDUCATION FOR PSP RECERTIFICATION**

Reply to: NAEOP PSP Registrar  
 Professional Standards Program  
 National Association of Educational Office Professionals  
 Email: staff@naeop.org

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP Chairman, 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. Email to staff@naeop.org Form V for recertification.**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP+4 \_\_\_\_\_

**• Postsecondary Education – College or University Credit**

Name of college or university \_\_\_\_\_  
 Transcript (check one):     Enclosed     Being sent from college / university

List courses/credit hours:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Attach copies of signed documentation within the five years prior to recertification date.

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

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 continue on page 2 or use duplicate of this form.

### National State, and Local Association Responsibility for Recertification

Reply to: NAEOP Staff  
 Email to: staff@nacop.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 since within the last 5 years. 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.

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

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Application is \_\_\_\_\_Approved \_\_\_\_\_Not approved

Remarks \_\_\_\_\_

\_\_\_\_\_ Inservice Carryover  
 \_\_\_\_\_ AEOP Carryover  
 \_\_\_\_\_ Non AEOP Carryover

\_\_\_\_\_  
 NAEOP Staff