

APPLICATION FOR RECERTIFICATION 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

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 _____
(See membership card or recent mailing label)

Name of Applicant _____ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) _____

Address _____ City, State, ZIP+4 _____

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

Email Address _____

Highest PSP Certificate Level _____ Date of Certificate _____

Continuous NAEOP member since _____

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

For Office Use Only

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

Address of Credit Card Holder _____

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.

Sponsoring Organization	Title of Program	Date	Hours	Minutes

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 State, and Local Association Responsibility for Recertification

Reply to: NAEOP Staff
 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 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.

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

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 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