

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

Reply to: NAEOP PSP Registrar  
Professional Standards Program  
National Association of Educational Office Professionals  
P.O. Box 12619  
Wichita, KS 67277-2619

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP chairman or local/state president. If you hold one of these offices, it is not permissible to verify your own forms. **THIS FORM MUST BE TYPED.**

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

Address \_\_\_\_\_  
Mailing 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 associations membership and participation since July 1, 1980. Spell out all acronyms other than AEOP and PTA. **A maximum of five points may be used for participation in other education-related associations.** Attach copies of membership cards or signed documentation verifying membership and participation.

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

All points accrued above ten (10) may be applied toward next certificate.

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 (local or state) or President (local of state) – Circle appropriate one.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Notary Public

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name of Association

\_\_\_\_\_  
Date

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

**INSTRUCTIONS FOR FORM IIIb**

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education-related associations membership and participation since July 1, 1980. Spell out all acronyms other than AEOP and PTA. **A maximum of five points may be used for participation in other education-related associations.** 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 or Committee Member</i>	
	<i>One point per year</i>		<i>Two points per year</i>		<i>One point per year</i>	
	Year(s) i.e. 1994-95	Points	Activity & Year	Points	Activity & Year	Points
National Association of Educational Office Professionals	1991-02	11			Publicity Committee Member - 1991-92	1
					Panel at AASA Convention - 1991	1
<u>State</u> Association of Educational Office Personnel	1994-02	8			Luncheon Committee For Workshop - 1996	1
<u>Local</u> Association of Educational Office Professionals	1991-02	11	Membership Chairman 1993-95	4	Membership Committee Member - 1992-94	2
			Registration Chairman for State Conference 1994-95	2		
			President Elect 1995-96	2		
			President 1997-98	2		
<u>PTA</u>	1999-2003	5				

All points accrued above ten (10) may be used toward next certificate.

Total Points 50

Name of Educational Office Professionals Association  
 National  
 State  
 Local

Membership – one (1) point each year in each association

Other Education-Related Organizations  
 National  
 State  
 Local