

APPLICATION FOR COURSE TO BE USED UNDER OPTION I

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

Date \_\_\_\_\_

Consider request for approval of the course described below to meet the education requirements under Option I of the Professional Standards Program. Submit in duplicate; one copy will be returned to the applicant. THIS FORM MUST BE TYPED.

IF THIS COURSE IS APPROVED, A CERTIFICATE OR STATEMENT OF SUCCESSFUL COMPLETION OR AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE NAEOP PSP REGISTRAR WITH THE PSP APPLICATION.

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

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

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

NOTE: Attach a description of the course or adult education program and the name of the sponsoring institution.

1. Name and location of institution offering this course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of course \_\_\_\_\_

3. Number of hours per session \_\_\_\_\_ Number of sessions \_\_\_\_\_ Total number of hours \_\_\_\_\_

For Office Use Only

The above course is [ ] approved for \_\_\_\_\_ [ ] not approved

Remarks:

Date \_\_\_\_\_

\_\_\_\_\_  
NAEOP PSP Registrar

**BACK OF FORM IX  
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