

APPLICATION FOR THE DISTINCTION OF CERTIFIED EDUCATIONAL OFFICE EMPLOYEE

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

Mail this application and \$55 to the NAEOP PSP Registrar at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. VISA, Mastercard & Discover are accepted.

THIS FORM MUST BE TYPED.

Date \_\_\_\_\_ Membership Number \_\_\_\_\_ (See membership card or recent mailing label)

Name of Applicant \_\_\_\_\_ Previous Name(s) (if applicable) \_\_\_\_\_ (Name as you wish it to appear on the PSP Certificate)

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

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

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

The distinction of Certified Educational Office Employee (CEOE) requires attainment of the Advanced III, Option, certificate; or Associate Degree certificate or higher under Option II. Applicant must be a member of NAEOP.

Present Certificate Level \_\_\_\_\_ Option \_\_\_\_\_ Date on Certificate \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Credit Card: [ ] Visa [ ] MasterCard [ ] Discover

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

Signature \_\_\_\_\_

For Office Use Only

Request is: [ ] approved [ ] not approved

Remarks:

Date \_\_\_\_\_

NAEOP PSP Registrar

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