

APPLICATION FOR APPROVAL OF INSERVICE TRAINING PROGRAM

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

Date \_\_\_\_\_

Approval for Inservice Training credit in the Professional Standards Program is outlined below. A maximum of 30 hours may be earned in an approved program. This form may be submitted by the chairman of the inservice training program or may be submitted by an individual prior to participation. Submit in duplicate; one copy will be returned to the applicant. IF THIS REQUEST IS APPROVED, A CERTIFICATE OR STATEMENT OF SUCCESSFUL COMPLETION MUST BE SUBMITTED WITH FORM IIIa. THIS FORM MUST BE TYPED.

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

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

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

INSTRUCTIONS: Whenever possible, attach a brochure, letter, or statement outlining the activity or program.

- 1. Organization or association sponsoring program \_\_\_\_\_
2. Name of program \_\_\_\_\_
3. Number of hours \_\_\_\_\_
4. This activity will benefit an educational office professional for the following reasons:

For Office Use Only

The above course is [ ] approved for \_\_\_\_\_ inservice hours(s) to be used on Form IIIa
[ ] not approved

Remarks:

Date \_\_\_\_\_

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

**BACK OF FORM VIII  
APPLICATION FOR APPROVAL OF INSERVICE TRAINING PROGRAM**

**Completion instructions for Area Professional Development, Annual Area Breakfast and Annual Council Breakfast**

**Area Professional Development:**

**Name of Applicant:** Enter name of the event chairman

**Address, email and phone:** Enter information for event chairman

**INSTRUCTIONS:** Whenever possible, attach a brochure, letter, or statement outlining the activity or program  
For the Area Professional Development Days, attach the registration form.

1. **Organization or association sponsoring program:** (Area) Professional Development Day(s)
2. **Name of Program:** Annual (Area) Professional Development Day(s)
3. **Number of hours:** If reflected on attached information such as a registration form, enter "See attached." Or, attach a sheet listing the specific date, name of workshop/presenter and scheduled time.
4. **Briefly summarize the expected benefits and reasons.**

**Annual Area Breakfast/Annual Council Breakfast**

**Name of Applicant:** Enter name Area Director/Council Chairman

**Address, email and phone:** Enter information for Area Director/Council Chairman

**INSTRUCTIONS:** Whenever possible, attach a brochure, letter, or statement outlining the activity or program

1. **Organization or association sponsoring program:** NAEOP Annual Conference
2. **Name of Program:** (Area) Annual Breakfast / (Council name) Annual Breakfast
3. **Number of hours:** Attach a sheet listing the specific date, name of workshop/presenter, and scheduled time
4. **Briefly summarize the expected benefits and reasons.**