

APPLICATION FOR COURSE TO BE USED UNDER OPTION I

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
1999 N Amidon Ave., Ste. 325
Wichita, KS 67203

Date _____

Consider request for approval of the course described below to meet the education requirements under Option I of the Professional Standards Program. Send copy of the course description. PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL to psregistrar@naeop.org

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
APPLICATION FOR COURSE TO BE USED UNDER OPTION I