

National, State, and Local Association Responsibility for Recertification

Reply to: NAEOP PSP Registrar

Professional Standards Program
National Association of Educational Office Professionals
1999 N Amidon Ave., Ste. 325
Wichita, KS 67203

Date _____

Form must be verified by your local, state, or national PSP Chairman or local/state president or PSP Governing Board member. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY AND PRINT or email to pspreistrar@naeop.org.**

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 association memberships and participation since within the last 5 years. Spell out all acronyms other than AEOP and PTA. **A minimum of 5 points must be earned from local, state, or national associations for educational office professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

<i>Association/Organization</i>	PARTICIPATION					
	<i>Membership</i>		<i>Elected Officer or Committee Chairman</i>		<i>Workshop or Seminar Leader or Keynote Speaker—One point per presentation</i>	
	<i>One point per year</i>		<i>Two points per year</i>		<i>Committee Member</i>	
	Year(s) i.e. 1994-95	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

All points accrued above ten (10) may be applied toward next PSP certificate level. 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 or state) or PSP Governing Board Member (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

Mailing Address

Name of Association

Date