

**PROFESSIONAL STANDARDS PROGRAM  
APPLICATIONS FORMS**



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National Association of  
Educational Office Professionals

**RECORD OF EXPERIENCE AND EDUCATION**

Refer to the Professional Standards Program booklet and enter information requested below. Mail together with a \$45 PSP certificate application fee to the NAEOP PSP Registrar, National Association of Educational Office Professionals, 1999 N Amidon Ave. Ste. 325, Wichita, KS 67203. Make check or money order payable to the National Association of Educational Office Professionals. VISA, MasterCard & Discover are accepted. A \$5 convenience fee will be added to all credit card, debit card and P-cards used for payment. Applicant must be a member of NAEOP. **PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL** to psregistrar@naeop.org.

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

Name \_\_\_\_\_ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City State ZIP \_\_\_\_\_

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

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

Certificate level and option for which application is being made: \_\_\_\_\_  
Level Option

**EXPERIENCE**

Beginning with current position, list enough of your work experience to demonstrate 4 years of experience with a minimum of 2 years in an educational office.

Name of school or business	Address of school or business	Job Title (ex: secretary, bookkeeper, etc.)	Dates of Employment	
			From: Mo./Yr.	To: Mo./Yr.

Name on Credit Card \_\_\_\_\_ Credit Card:  VISA  MasterCard  Discover

Address of Credit Card holder \_\_\_\_\_

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

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**EDUCATION**

**Section 1.** High school or equivalency required for all certificate levels.

Name of high school  
from which graduated \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Transcript or official statement verifying high school graduation is (check one):  Enclosed  Being sent from high school

*NOTE: If you are submitting postsecondary education credits from an accredited institution of higher education, it is not necessary to submit a high school transcript.*

**Section 2.** Postsecondary education – Colleges/Universities: To be completed for verification of college credit earned.

<i>Name of College or University</i>	<i>City and State</i>	<i>Dates Attended</i>

Official transcripts are (check one):  Enclosed  Being sent from college and/or university

**Section 4.** Adult Education, Inservice Education, or Continuing Education Courses: To be completed for Option I education requirement. (Refer to page 7 in the book)

<i>Course Name</i>	<i>Hours</i>	<i>Course Name</i>	<i>Hours</i>
1 _____		10 _____	
2 _____		11 _____	
3 _____		12 _____	
4 _____		13 _____	
5 _____		14 _____	
6 _____		15 _____	
7 _____		16 _____	
8 _____		17 _____	
9 _____		<i>Use separate sheet for additional courses.</i>	

Attach copies of signed certificates indicating completion of adult education, inservice, or continuing education courses listed above.

<i>example: 1 Microsoft Excel</i>	<i>10</i>
<i>2 Microsoft Power Point</i>	<i>20</i>

***All documents submitted become a part of the applicant's file.***

ADMINISTRATOR'S EVALUATION OF APPLICANT

The applicant named below is applying for a certificate through the Professional Standards Program of the National Association of Educational Office Professionals. The Professional Standards Program Committee requests your appraisal of the applicant's qualifications.

The Program has been designed to motivate professional growth of educational office professionals and to give recognition for their achievements.

Please fill out as much of this form as possible electronically before printing or emailing. It is acceptable for your supervisor to mark boxes and make comments by hand.

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

Address \_\_\_\_\_

Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

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

Please check appropriate column.

Table with 5 columns: Qualities of Characteristics, Superior, Above Average, Average, Below Average. Rows include Collaborative ability/teamwork, Accuracy, Communication Skills, Technical knowledge, Flexibility/Adaptability, Initiative, and Critical thinking skills.

Comments (use back of page if additional space needed):

Name \_\_\_\_\_ Title \_\_\_\_\_

School or District \_\_\_\_\_ Address \_\_\_\_\_

District \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(not valid unless signed)

Send to: NAEOP Registrar, Professional Standards Program National Association of Educational Office Professionals 1841 S. Eisenhower Ct. Wichita, KS 67209

Under public Law 93-380, this communication may no longer be confidential. Please check disposition of same after it has served its purpose.

- Return to sender
Maintain in file
Destroy

Administrator must be current or previous supervisor within the past two (2) years.

**BACK OF FORM II**  
***ADMINISTRATOR'S EVALUATION OF APPLICANT***

**PROFESSIONAL ACTIVITY RECORD**  
**Inservice Training in Seminars and Workshops**

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](mailto:pspreistrar@naeop.org).**

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

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

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

**NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS  
AND EDUCATIONAL INSTITUTIONS**

IMPORTANT: Attach copies of signed certificates of attendance/completion for all workshops/seminars since July 1, 1980 listed below.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>	<i>Minutes</i>

All hours and minutes accrued above 60 hours may be applied toward next certificate level. Total Hours \_\_\_\_\_

I certify the above statements to be correct according to my knowledge.

I verify the above statements to be correct according to documents attached to this form.

\_\_\_\_\_  
Signature of Applicant

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

If you need additional writing space, please use duplicate copy of this form.

Continued from Form IIIa

NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS  
AND EDUCATIONAL INSTITUTIONS

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>	<i>Minutes</i>

All minutes and hours accrued above sixty (60) hours may be used toward next PSP certificate level.

Total hours \_\_\_\_\_

**INSTRUCTIONS FOR FORM IIIa**

NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS  
AND EDUCATIONAL INSTITUTIONS

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Minutes</i>	<i>Hours</i>
National Association of Educational Office Professionals**	Psychology Institute Class	7/90		30
	Institute	4/1/95		15
	Annual Meeting	7/95		12
	Advisory Council	7/10/95		3
	Membership Briefing	7/10/95		1
	Memory Workshop	7/9/95		6
	Problem Solving	7/8/95		3
	Golden Key	7/8/95		3
NAEOP Foundation	Add a Bit to the Job	3/25/96		6
State Educational Office Professionals Association	Annual Meeting	11/2/02		6
Local Educational Office Professionals Association	Business Meetings Listening Workshop (*)	11/3/01		6
____ Educational Institution	Staff Development Seminar	4/15/02		6

All minutes and hours accrued above sixty (60) hours may be used toward next PSP certificate level.

Total Hours 97

↑  
Program planned or sponsored by:  
Name of group  
(begin with National)

↑  
Name of Program: convention, conference, institute,  
workshop.  
  
Indicate with an (\*) program approved on Form VIII.

\*\* NAEOP Institute may be used to meet education requirements or Inservice Training Workshop/Seminar points.

If you need additional writing space, please use duplicate copy of this form.

Revised 08/18



**PROFESSIONAL ACTIVITY RECORD  
of National, State, and Local Association Responsibility**

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 [psregistrar@naeop.org](mailto:psregistrar@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 July 1, 1980. 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.

Association/Organization	PARTICIPATION					
	Membership		Elected Officer or Committee Chairman		Workshop or Seminar Leader or Keynote Speaker—One point per presentation	
	One point per year		Two points per year		Committee Member One point per year	
	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.

I verify the above statements to be correct according to documents attached to this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
**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

### INSTRUCTIONS FOR FORM IIIb

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education-related association's membership and participation since July 1, 1980. 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>	<b>PARTICIPATION</b>					
	<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
National Association of Educational Office Professionals	1991-02	11			Publicity Committee Member - 1991-92	1
					Panel at AASA Convention - 1991	1
<u>State</u> Association of Educational Office Personnel	1994-02	8			Luncheon Committee For Workshop - 1996	1
<u>Local</u> Association of Educational Office Professionals	1991-02	11	Membership Chairman 1993-95	4	Membership Committee Member - 1992-94	2
			Registration Chairman for State Conference 1994-95	2		
			President Elect 1995-96	2		
			President 1997-98	2		
___PTA	1999-2003	5				

All points accrued above ten (10) may be used toward next PSP certificate level.

Total Points 50

↑

Name of Educational Office Professionals Association  
     National  
     State  
     Local  
 Other Education-Related Organizations  
     National  
     State  
     Local

↑

Membership – one (1) point each year in each association

**APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL**

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

Refer to the Professional Standards booklet and submit the information requested below. Mail with \$45 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. A \$5 convenience fee is added to all credit card, debit card and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL to [pspreistrar@naeop.org](mailto:pspreistrar@naeop.org)**.

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 \_\_\_\_\_

Present Certificate Level \_\_\_\_\_ Option \_\_\_\_\_ Date of Certificate \_\_\_\_\_

Application is being made for Certificate level \_\_\_\_\_ Option \_\_\_\_\_

**I. EDUCATION**

- A. CLEP Tests Date taken \_\_\_\_\_
- B. Adult Education, Inservice Education or Continuing Education Courses. To be completed for Option I education requirements. List courses on back of this form and enclose signed documentation of completion.
- C. Postsecondary Education - ollege or university credit  
 Name of college or university \_\_\_\_\_  
 Official transcript (check one):     Enclosed     Being sent from college / university

**II. EXPERIENCE**

List work experience, (education or business) since the awarding of your last certificate, beginning with your current position.

Name of school or business	Address of school or business	Job Title (ex: secretary, bookkeeper, etc.)	Dates of Employment	
			From: Mo./Yr.	To: Mo./Yr.

- On the back of this form, list education courses taken for this certificate update and enclose transcript or certificate of completion for each.
- Place this form on the TOP of your application packet. Enclose copies of newly completed Forms II, IIIa, and IIIb, indicating points earned since the awarding of last certificate and any carryover points for Forms IIIa and IIIb, and attach certificates of attendance/completion.

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

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

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**BACK OF FORM IV  
APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL**

<i>Course Name</i>	<i>Hours</i>	<i>Course Name</i>	<i>Hours</i>
1 _____		7 _____	
2 _____		8 _____	
3 _____		9 _____	
4 _____		10 _____	
5 _____		11 _____	
6 _____		12 _____	

Attach copies of signed certificates indicating completion of adult education, inservice, or continuing education courses listed above.

APPLICATION FOR RECERTIFICATION OF PSP CERTIFICATE LEVEL

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

Place this form on the TOP of your application packet and include Form VI and appropriate signed documentation. Mail this application and \$25 to the NAEOP PSP Registrar at the above address or email to pspregistrar@naeop.org with payment. Make checks or money order payable to the National Association of Educational Office Professionals. VISA, MasterCard & Discover are accepted. A \$5 convenience fee is added to all credit card, debit card and P-cards used for payment. PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL.

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 Recertification Certificate)

Address Mailing Address City State ZIP+4

Work Phone Home Phone FAX

Email Address

Highest PSP Certificate Level Option Date on Certificate

Continuous NAEOP member since

If paying application fee by credit card, please insert information at the bottom of the form.

For Office Use Only

- 60 hours of continuing education verified
5 years continuous NAEOP membership verified
10 points Association Responsibility

Recertification is: approved not approved

Remarks:

Date NAEOP PSP Registrar

Credit card: Visa MasterCard Discover

Name on credit card

Credit card number

Security code Expiration

Signature

**BACK OF FORM V**  
***APPLICATION FOR RECERTIFICATION OF PSP CERTIFICATE LEVEL***



**CONTINUING EDUCATION FOR PSP 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, 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, print and attach to Form V for recertification or email to pspregistrar@naeop.org.**

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

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

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

**• Postsecondary Education – College or University Credit**

Name of college or university \_\_\_\_\_

Official transcript (check one):     Enclosed     Being sent from college / university

List courses/credit hours:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**• Adult Education, Inservice Education, Continuing Education Courses, Workshops or Seminars:**

Attach copies of signed documentation within the five years prior to recertification date.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>	<i>Minutes</i>

I certify the above statements to be correct according to my knowledge.

I verify the above statements to be correct according to documents attached to this form.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
**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

If you need additional writing space, please continue on page 2 or use duplicate of this form.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>	<i>Minutes</i>

**Total hours**\_\_\_\_\_



**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](mailto: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>	<b>PARTICIPATION</b>					
	<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

APPLICATION FOR THE DISTINCTION OF CERTIFIED EDUCATIONAL OFFICE EMPLOYEE

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

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. A \$5 convenience fee will be added to all credit card, debit card and P-cards used for payment. PLEASE COMPLETE ELECTRONICALLY AND PRINT OR EMAIL to psregistrar@naeop.org.

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 I certificate; or Associate Degree certificate or higher; under Option II. Applicant must be a member of NAEOP. Application for CEOE may be made at the same time as application for PSP certificate or at a later filing date.

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

If paying application fee by credit card, please insert information at the bottom of the form.

For Office Use Only

Request is: [ ] approved [ ] not approved

Remarks:

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

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

Address of Credit Card holder \_\_\_\_\_

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

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

A \$5 convenience fee is added to all credit card, debit card and P-cards used for payment.

**BACK OF FORM VII**  
***APPLICATION FOR THE DISTINCTION OF CERTIFIED EDUCATIONAL OFFICE EMPLOYEE***

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***