

### National State, and Local Association Responsibility for Recertification

Reply to: NAEOP Staff  
 Email to: staff@nacop.org

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP Chairman or local/state president or NAEOP PSP Committee member. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL.**

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

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 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) <small>i.e. 1994-95</small>	Points <small>i.e. 1</small>	Activity & Year	Points	Activity & Year	Points

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 or President (of your local or state NAEOP Affiliated Association) or NAEOP PSP Committee Member (signee must be a current NAEOP members and hold a current PSP Certificate). Circle appropriate one.

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Name of Association

\_\_\_\_\_  
 Date