

**PROFESSIONAL STANDARDS PROGRAM
APPLICATIONS FORMS**



National Association of
Educational Office Professionals

National Association of Educational Office Professionals Professional Standards Program

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Email Address _____

Option you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Basic
<input type="checkbox"/> Associate Professional
<input type="checkbox"/> Advanced I
<input type="checkbox"/> Advanced II
<input type="checkbox"/> Advanced III

<input type="checkbox"/> Recertification
<input type="checkbox"/> CEOE Only | <input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> Master Degree
<input type="checkbox"/> Doctoral Degree |
|---|---|

	Applicant	PSP Chairman/ President	NAEOP Staff
Form I, Page 1			
Form I, Page 2			
Form IIa:			
• Signed by applicant			
• Signed by PSP Chairman or President			
Form IIb:			
• Signed by applicant			
• Signed by PSP Chairman or President			
Form III (Upgrade only)			
Form IV (Recertification)			
Form V (Recertification)			
Form Va (Recertification)			
Form VI (CEOE)			
Payment Included with application			

For office use only

Application is _____ Approved _____ Not approved
 Remarks:

_____ Inservice Carryover
 _____ AEOP Carryover
 _____ Non AEOP Carryover

 NAEOP Staff

RECORD OF EXPERIENCE AND EDUCATION

Refer to the Professional Standards Program booklet and enter information requested below. Mail a \$45 PSP certificate application fee to the NAEOP staff, National Association of Educational Office Professionals, 521 First St., PO Box 10, Milford, NE 68405. Make check or money order payable to the National Association of Educational Office Professionals. American Express, 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 EMAIL TO staff@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 for which application is being submitted: _____ Level

EXPERIENCE

Beginning with current position, list work experience demonstrating 4 years of experience with a minimum of 2 years in an educational institution.

Table with 4 columns: Name of school or business, Address of school or business, Job Title/duties (ex: secretary, teacher asst., bookkeeper, custodian, etc.), and Dates of Employment (From: Mo./Yr. To: Mo./Yr.).

Name on Credit Card _____ Credit Card: [] VISA [] MasterCard [] Discover AMEX (circle one)

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 copy of diploma 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>

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

Section 50 Enter Adult , Inservice , or Continuing Education Course hours here (Go to Form IIa to enter Inservice Training hours; you can use education, inservice, or a combination of both for clock hours needed.)

<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.

PROFESSIONAL ACTIVITY RECORD Inservice Training in Seminars and Workshops

Reply to: NAEOP Staff
Professional Standards Program
email to: staff@naeop.org

Date _____

Form must be verified by your local, state, national PSP Chairman or NAEOP PSP committee member or local/state president. 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 _____
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 listed below.

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

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 or President (of your local or state NAEOP affiliated association) or NAEOP PSP Committee 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 IIa

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>

Total hours _____

INSTRUCTIONS FOR FORM IIa

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

Total Hours 97

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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 08/20

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

Reply to: NAEOP Staff

EMAIL to: staff@naeop.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 _____
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. 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.

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

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 member and hold a current PSP certificate). Circle appropriate one.

Mailing Address

Name of Association

Date _____

INSTRUCTIONS FOR FORM IIB

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 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> <i>One point per year</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

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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
 521 First St., PO Box 10
 Milford, NE 68405

Refer to the Professional Standards booklet and submit the information requested below. Mail a \$45 upgrade fee to NAEOP at the above address. Make checks or money order payable to the *National Association of Educational Office Professionals*. AMEX, 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 EMAIL FORM to staff@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 _____ Date of Certificate _____

Application is being made for Certificate level _____

I. EDUCATION

A. Adult Education, Inservice Education or Continuing Education Courses.
 List courses on back of this form and enclose signed documentation of completion.

B. Postsecondary Education - college or university credit
 Name of college or university _____
 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, teacher asst., custodian, 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 IIa, and IIb, indicating points earned since the awarding of last certificate, and attach certificates of attendance/completion.

Name on Credit Card _____ Credit Card: Visa MasterCard Discover
 AMEX (circle one)

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

BACK OF FORM III
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 Staff
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Place this form on the TOP of your application packet and include Form V and appropriate signed documentation. Mail \$25 fee to the NAEOP Staff at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. AMEX,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 EMAIL to staff@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 Recertification Certificate)

Address Mailing Address City State ZIP+4

Work Phone Home Phone FAX

Email Address

Highest PSP Certificate Level 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

Recertification is: approved not approved

Remarks:

Date NAEOP Staff

Credit card: Visa MasterCard Discover AMEX

Name on credit card

Credit card number

Security code Expiration

Signature

BACK OF FORM IV
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
 Email: staff@naeop.org

Date _____

Form must be verified by your local, state, or national PSP Chairman, 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. Email to staff@naeop.org Form V for recertification.**

Name of Applicant _____

Address _____
Mailing Address City State ZIP+4

Email Address _____

• Postsecondary Education – College or University Credit

Name of college or university _____

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.

Sponsoring Organization	Title of Program	Date	Hours	Minutes

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 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 Staff
Email to: staff@naeop.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 _____

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 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

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 or President (of your local or state NAEOP Affiliated Association) or NAEOP PSP Committee 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 /
CERTIFIED EDUCATIONAL SUPPORT EMPLOYEE

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Mail application fee of \$55 to the NAEOP Staff 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 EMAIL to:
staff@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)/Certified Educational Support Employee (CESE)
requires attainment of the Advanced III or higher. Applicant must be a member of NAEOP. Application for CEOE/CESE may be made at
the same time as application for PSP certificate or at a later filing date.

Present Certificate Level 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 Staff

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.