

**National Association of Educational Office Professionals
Professional Standards Program Checklist**

Name _____

Address _____

City, State, ZIP+4 _____

Email Address _____

Option you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Associate Professional | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Advanced I | <input type="checkbox"/> Master Degree |
| <input type="checkbox"/> Advanced II | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Advanced III | |
|
 | |
| <input type="checkbox"/> Recertification | |
| <input type="checkbox"/> CEOE only | |
| <input type="checkbox"/> CESE only | |

	Applicant	PSP Chairman/ President	NAEOP Staff
Form I, Page 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form I, Page 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIa:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IIb:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Signed by PSP Chairman or President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form III (Upgrade only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form IV (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form V (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form Va (Recertification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form VI (CEOE or CESE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment included with application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use only

Application is _____Approved _____Not approved

Remarks _____

_____ Inservice Carryover

_____ AEOP Carryover

_____ Non AEOP Carryover

NAEOP Staff

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

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

PROFESSIONAL ACTIVITY RECORD
Inservice/Education Hours

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 _____ City, State, ZIP _____

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 and transcripts for college credits 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
<u>State</u> Educational Office Professionals Association	Annual Meeting	11/2/02		6
<u>Local</u> Educational Office Professionals Association	Business Meetings Listening Workshop (*)	11/3/01		6
- Educational Institution	Staff Development Seminar	4/15/02		6

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.

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

Reply to: NAEOP Staff
EMAIL to: staff@naeopboard.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. 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 <i>One point per year</i>		Elected Officer or Committee Chairman <i>Two points per year</i>		Workshop or Seminar Leader or Keynote Speaker—One point per presentation Committee Member <i>One point per year</i>	
	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>	<i>Membership</i>		PARTICIPATION			
	<i>One point per year</i>		<i>Elected Officer or Committee Chairman</i>		<i>Workshop or Seminar Leader or Keynote Speaker—One point per presentation</i>	
	<i>Year(s)</i> <small>i.e. 1994-95</small>	<i>Points</i> <small>i.e. 1</small>	<i>Two points per year</i>		<i>Committee Member</i>	<i>One point per year</i>
	Activity & Year	Points	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
 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 cards, debit cards and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL FORM to staff@naeop.org.**

Date _____ Membership Number _____

Name of Applicant/Previous Name(s) (if applicable) _____

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

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

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 _____

Name of Applicant _____ (See membership card or recent mailing label)
 (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 _____

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 _____

Name on Credit Card _____ Credit Card: Visa MasterCard Discover AMEX

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

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 _____ City, State, ZIP+4 _____

• Postsecondary Education – College or University Credit

Name of college or university _____
 Transcript (check one): Enclosed Being sent from college / university

List courses/credit hours:

• 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 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 _____ 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>		PARTICIPATION					
		<i>Membership</i> One point per year		<i>Elected Officer or Committee Chairman</i> Two points per year		<i>Workshop or Seminar Leader or Keynote Speaker–One point per presentation</i> <i>Committee Member</i> 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 members 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 cards, debit cards, 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 _____ (Name as you wish it to appear on the PSP Certificate)
Previous Name (if applicable) _____
Mailing Address _____ City State ZIP _____
Email Address _____
Work Phone (____) _____ Home Phone (____) _____ FAX (____) _____

The distinction of Certified Educational Office Employee (CEOE)/Certified Educational Support Employee (CESE) requires attainment of the Advanced III level 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. Please select desired distinction below.

Certified Educational Office Employee (CEOE) Certified Educational Support Employee (CESE)

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 AMEX

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

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

APPLICATION FOR APPROVAL OF INSERVICE TRAINING PROGRAM

Reply to: NAEOP PSP Registrar
 521 First St, PO Box 10
 Milford, NE 68405 Date

Date _____

Approval for Inservice Training credit in the Professional Standards Program is outlined below. A maximum of 30 hours may be earned in an approved program. This form may be submitted by the chairman of the inservice training program or may be submitted by an individual prior to participation. **IF THIS REQUEST IS APPROVED, A CERTIFICATE OR STATEMENT OF SUCCESSFUL COMPLETION MUST BE SUBMITTED WITH FORM IIIa. PLEASE COMPLETE ELECTRONICALLY AND PRINT.**

Name of Applicant _____

Address _____ City, State, ZIP+4 _____

Email Address _____ Phone _____

INSTRUCTIONS: Whenever possible, attach a brochure, letter, or statement outlining the activity or program.

1. Organization or association sponsoring program _____

2. Name of program _____

3. Date of program _____

4. Time of program _____

5. Number of hours _____

6. This activity will benefit an educational office professional for the following reasons:

For Office Use Only

The above course is approved for _____ inservice hour(s) to be used on Form IIIa

not approved

Remarks: _____

Date _____ NAEOP PSP Registrar _____