

**RECORD OF EXPERIENCE AND EDUCATION**

Refer to the Professional Standards Program booklet and enter information requested below. Mail together with a \$40 PSP certificate application fee to the NAEOP PSP Registrar, National Association of Educational Office Professionals, P.O. Box 12619, Wichita, KS 67277-2619. Make check or money order payable to the National Association of Educational Office Professionals. VISA and MasterCard are accepted. Applicant must be a member of NAEOP. **THIS FORM MUST BE TYPED.**

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

Name \_\_\_\_\_ Previous Name(s) (if applicable) \_\_\_\_\_  
(Name as you wish it to appear on the PSP Certificate)

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

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

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

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

**EXPERIENCE**

List work experience (in the field of education and/or business) since high school graduation. Record in reverse chronological order, beginning with current year.

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

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

Signature \_\_\_\_\_

**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

**Section 2.** Business School: To be completed if certificate and option require statement from business school.

Name of business school \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Official transcript or statement (check one):  Enclosed  Being sent from business school

**Section 3.** College or University: 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.

Name of Applicant (please type) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Please check appropriate column.

<i>Qualities of Characteristics</i>	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Ability to get along with others				
Accuracy				
Basic Skills				
Efficiency				
Friendliness				
Initiative				
Judgment				
Loyalty				
Punctuality				

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

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

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

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

(not valid unless signed)

Send to:  
 NAEOP Registrar, Professional Standards Program  
 National Association of Educational Office Professionals  
 P.O. Box 12619  
 Wichita, KS 67277-2619

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.

PROFESSIONAL ACTIVITY RECORD
Inservice Training in Seminars and Workshops

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
P.O. Box 12619
Wichita, KS 67277-2619

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP chairman or local/state president. If you hold one of these offices, it is not permissible to verify your own forms. THIS FORM MUST BE TYPED.

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.

Table with 5 columns: Sponsoring Organization, Title of Program, Date, Hours, Minutes

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

Total Hours \_\_\_\_\_

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) - Circle appropriate one.

Mailing Address

Subscribed and sworn to before me this \_\_\_ day of \_\_\_, Notary Public

Bellevue Association of Educational Office Professionals
Name of Association

My commission expires \_\_\_\_\_

Date \_\_\_\_\_

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 PSP Registrar  
Professional Standards Program  
National Association of Educational Office Professionals  
P.O. Box 12619  
Wichita, KS 67277-2619

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP chairman or local/state president. If you hold one of these offices, it is not permissible to verify your own forms. **THIS FORM MUST BE TYPED.**

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 maximum of five points may be used for participation in other education-related associations.** 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 or Committee Member	
	One point per year		Two points per year		One point per event	
	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) – Circle appropriate one.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Notary Public

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

Bellevue Association of Educational Office Professionals  
Name of Association

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Date

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