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| **Form III** |

***APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL***

Reply to: NAEOP PSP Registrar

Professional Standards Program

National Association of Educational Office Professionals

521 First Street, PO Box 10

Milford, NE 66405

Email to: staff@naeop.org



Refer to the Professional Standards booklet and submit the information requested below. Mail with $45 to the 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 FORMS to staff@@naeop.org.**



Date Membership Number

(See membership card or recent mailing label)

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

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

1. **EDUCATION**
   1. Adult Education, Inservice Education or Continuing Education Courses.

List courses on back of this form and enclose signed documentation of completion.

* 1. Postsecondary Education - college or university credit

Name of college or university

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

1. **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/duties  (ex: secretary, teacher asst,  bookkeeper, etc.) | Full-Time or Part-Time | Dates of Employment  From: To:  Mo./Yr. Mo./Yr. | |
|  |  |  |  |  |  |
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* 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 hours or 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised January 2024

**BACK OF FORM III**

**APPLICATION FOR UPGRADING OF PSP CERTIFICATE**

**LEVEL**

**COURSE NAME HOURS**

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

Revised January 2024

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| **Form IIa** |

***PROFESSIONAL ACTIVITY RECORD***

**Inservice Training in Seminars and Workshops**

Reply to: NAEOP Staff

Professional Standards Program

Email to: [staff@naeop.org](mailto: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. **PEASE COMPLETE ELECTRONICALLY AND EMAIL to:** [**staff@naeop.org**](mailto:staff@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 and transcripts for college credits listed below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Sponsoring Organization*** | ***Title of Program*** | ***Date*** | ***Minutes Hours*** | |
|  |  |  |  |  |

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.    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.**  10212 126th Ave SE, Renton, WA 98056  Mailing Address  Bellevue AEOP  Name of Association  Date |

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

Revised January 2024

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| **Form IIb** |

***PROFESSIONAL ACTIVITY RECORD***

**of National, State, and Local Association Responsibility**

Reply to: NAEOP Staff

Professional Standards Program

Email to: [staff@naeop.org](mailto: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 or. If you hold one of these offices, it is not permissible to verify your own forms. **PEASE COMPLETE ELECTRONICALLY AND EMAIL to: staff@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. 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | **PARTICIPATION** | | | |
| ***Association/Organization*** | ***Membership***  ***One point per year*** | | ***Elected Officer, Committee Chairman, Workshop/Seminar Leader or Keynote Speaker***  ***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 |
| Bellevue AEOP  National AEOP  Service Employees Int’l Union, Local 925 | 2023-2024  2023-2024  2021-2024 | 1  1  3 |  |  |  |  |

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 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.**  10212 126th Ave SE, Renton, WA 98056  Mailing Address  Bellevue AEOP  Name of Association  Date |

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