|  |
| --- |
| F**orm 1, Page 1** |

***RECORD OF EXPERIENCE AND EDUCATION***

Refer to the Professional Standards Program booklet and enter information requested below. Mail together with a $45 PSP certificate application fee to the NAEOP PSP Registrar, National Association of Educational Office Professionals, 521 First Street, 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+4 \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX

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



**EXPERIENCE**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Name on Credit Card Credit Card: ⁯ VISA ⁯ MasterCard ⁯ Discover ⁯ Amex

Address of Credit Card holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Security Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 01/2024

|  |
| --- |
| **Form I, page 2** |

***EDUCATION***

**Section 1.** High school or equivalency required for all certificate levels.

Name of high school from which graduated Where you attended high school Date Year graduated

Address City and state of school

Transcript or official statement verifying high school graduation is (check one): ڤ Enclosed ڤ 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: College/ University: To be completed for verification of college credit earned.

|  |  |  |
| --- | --- | --- |
| ***Name of College or University*** | ***City and State*** | ***Dates Attended*** |
| College, you attended | City and State | Years attended |
|  |  |  |
|  |  |  |
|  |  |  |

Official transcripts are (check one): ⁯ Enclosed ⁯ Being sent from college and/or university



*.*

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

Revised 01/2024

|  |
| --- |
| **Form IIa** |

***PROFESSIONAL ACTIVITY RECORD***

**Inservice Training in Seminars and Workshops**

Reply to: NAEOP Staff

Professional Standards Program

Email to: staff@naeop.com

Date

Form must be verified by your local, state, national PSP chairman or local/state president 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 to 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*** | |
|  |  |  |  |  |

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 01/2024

|  |
| --- |
| **Form IIb** |

***PROFESSIONAL ACTIVITY RECORD***

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

Reply to: NAEOP Staff

Professional Standards Program

Email to: staff@naeop.com

Date

Form must be verified by your local, state, national PSP chairman or local/state president 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 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 NAEOP-affiliated associations for educational professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | **PARTICIPATION** | | | |
| ***Association/Organization*** | ***Membership***  ***One point per year*** | | ***Elected Officer or Committee Chairman***  ***Workshop/Seminar Leader or Keynote Speaker***  ***Two points per year/ Presentation*** | | ***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  Above may vary based on your personal memberships | 2023-2024  2023-2024  2023-2024 | 1  1  1 |  |  |  |  |

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 |

Revised 01/2024