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| **Form IV** |

***APPLICATION FOR RECERTIFICATON 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 68405

Place this form on the TOP of your application packet and ***include Form V and appropriate signed documentation***. Mail the $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 THIS APPLICATION 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 Recertification Certificate)**

Previous Name(s) (if applicable)

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

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

Credit Card Number Expiration

Signature Security Code

Revised 01/2024

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| **Form V, Page 1** |

***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 and Email to** [**Staff@naeop.org**](mailto:Staff@naeop.org) **with Form V and Va for recertification**

Name of Applicant

Address City, State, Zip

* **Postsecondary Education – College or University Credits**

Name of college or university

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

List courses/hours:

* **Adult Education, Inservice Education, Continuing Education Courses, Workshops or Seminars:**

Attach copies of signed documentation within the five years prior to recertification date.

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

If you need additional writing space, please continue on page 2 or use duplicate of this form.

Revised 01/2024

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| **Form V, Page 2** |

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

**Total hours**

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| **Form Va** |

***CONTINUING EDUCATION FOR PSP 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 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 educational-related association memberships and participation 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 office professionals**. Attach copies of membership cards or signed documentation verifying membership and participation.

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|  | | | **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 |
|  |  |  |  |  |  |  |

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

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| 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 Avenue SE, Renton, WA 98056  Mailing Address  Bellevue AEOP  Name of Association  Date |

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