

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_____