

National State, and Local Association Responsibility for Recertification

Reply to: NAEOP Staff
 Email to: staff@nacop.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.**

Name of Applicant _____

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 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 professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

<i>Association/Organization</i>		PARTICIPATION					
		<i>Membership</i> One point per year		<i>Elected Officer or Committee Chairman</i> Two points per year		<i>Workshop or Seminar Leader or Keynote Speaker—One point per presentation</i> <i>Committee Member</i> One point per year	
		Year(s) <small>i.e. 1994-95</small>	Points <small>i.e. 1</small>	Activity & Year	Points	Activity & Year	Points

Total Points _____

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 members and hold a current PSP Certificate). Circle appropriate one.

Mailing Address

Name of Association

Date