## *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, 1999 N Amidon, Ste 325, Wichita, KS 67203. Make check or money order payable to the National Association of Educational Office Professionals. 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 PRINT OR EMAIL** to pspregistrar@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_____

Email Address_____

Work Phone (___) _____ Home Phone (___) _____ FAX (___) _____

Certificate level and option for which application is being made: _____ _____
Level Option

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### EXPERIENCE

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

| Name of school or business | Address of school or business | Job Title (ex: secretary, bookkeeper, etc.) | Dates of Employment From: Mo./Yr. | To: Mo./Yr. |
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Name on Credit Card_____ Credit Card: ☐ VISA ☐ MasterCard ☐ Discover

Address of Credit Card holder_

Credit Card Number_____ Expiration _____

Signature_____ Security Code_____