

CONTINUING EDUCATION FOR PSP RECERTIFICATION

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
1999 N Amidon Ave., Ste. 325
Wichita, KS 67203

Date _____

Form must be verified by your local, state, or national PSP Chairman, local/state president, or PSP Governing Board member. If you hold one of these offices, it is not permissible to verify your own forms. PLEASE COMPLETE ELECTRONICALLY. print and attach to Form V for recertification or email to pspregistrar@naeop.org.

Name of Applicant _____

Address _____
Mailing Address City State ZIP+4

Email Address _____

Postsecondary Education - College or University Credit

Name of college or university _____

Official transcript (check one): [] Enclosed [] Being sent from college / university

List courses/credit hours:

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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

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

Table with 5 columns: Sponsoring Organization, Title of Program, Date, Hours, Minutes

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 (local or state) or President (local or state) or PSP Governing Board 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_____