

APPLICATION FOR RECERTIFICATION OF PSP CERTIFICATE LEVEL

Reply to: NAEOP Staff
 Professional Standards Program
 National Association of Educational Office Professionals
 521 First St., 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 \$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 ELECTRONICALLY AND EMAIL to staff@naeop.org.**

Date _____ Membership Number _____

Name of Applicant _____ (See membership card or recent mailing label)
 (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 _____

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 _____

BACK OF FORM IV
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