

**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**\_\_\_\_\_