

APPLICATION FOR RECERTIFICATION OF PSP CERTIFICATE LEVEL

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
1841 S. Eisenhower Ct.
Wichita, KS 67209

Place this form on the TOP of your application packet and include Form VI and appropriate signed documentation. Mail this application and \$25 to the NAEOP PSP Registrar at the above address or email to pspregistrar@naeop.org with payment. Make checks or money order payable to the National Association of Educational Office Professionals. 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 PRINT OR EMAIL.

Date _____ Membership Number _____ (See membership card or recent mailing label)

Name of Applicant_Previous Name(s) (if applicable) _____ (Name as you wish it to appear on the Recertification Certificate)

Address _____ Mailing Address City State ZIP+4

Work Phone () Home Phone () FAX ()

Email Address _____

Highest PSP Certificate Level _____ Option _____ 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
10 points Association Responsibility

Recertification is: [] approved [] not approved

Remarks:

Date _____ NAEOP PSP Registrar

Credit card: Visa MasterCard Discover

Name on credit card _____

Credit card number _____

Security code _____ Expiration _____

Signature _____

BACK OF FORM V
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