

### National, State, and Local Association Responsibility for Recertification

Reply to: NAEOP PSP Registrar

Professional Standards Program  
National Association of Educational Office Professionals  
1841 S. Eisenhower Ct.  
Wichita, KS 67209

Date \_\_\_\_\_

Form must be verified by your local, state, or national PSP Chairman or 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 AND PRINT or email to [pspreistrar@naeop.org](mailto:pspreistrar@naeop.org).**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Mailing Address
City
State
ZIP+4

Email Address \_\_\_\_\_

**IMPORTANT:** List local, area, county, state, and /or national associations for educational office professionals and other education-related association memberships and participation since within the last 5 years. Spell out all acronyms other than AEOP and PTA. **A minimum of 5 points must be earned from local, state, or national associations for educational office professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

<i>Association/Organization</i>	<b>PARTICIPATION</b>					
	<i>Membership</i>		<i>Elected Officer or Committee Chairman</i>		<i>Workshop or Seminar Leader or Keynote Speaker—One point per presentation</i>	
	<i>One point per year</i>		<i>Two points per year</i>		<i>Committee Member</i> <i>One point per year</i>	
	Year(s) i.e. 1994-95	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

All points accrued above ten (10) may be applied toward next PSP certificate level. Total Points \_\_\_\_\_

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