

**PROFESSIONAL ACTIVITY RECORD  
Inservice Training in Seminars and Workshops**

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. If you hold one of these offices, it is not permissible to verify your own forms. **THIS FORM MUST BE TYPED.**

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

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

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

**NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS  
AND EDUCATIONAL INSTITUTIONS**

IMPORTANT: Attach copies of signed certificates of attendance/completion for all workshops/seminars since July 1, 1980 listed below.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>
Anchorage School District	See attached My Learning Plan Transcript		

All hours and minutes accrued above 60 hours may be applied toward next certificate level. Total Hours \_\_\_\_\_

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 Local PSP Chairman or Approved Designee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_, Notary Public

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

**TOTEM Association of ESP**  
\_\_\_\_\_  
Name of Association

Date \_\_\_\_\_

If you need additional writing space, please use duplicate copy of this form.

**INSTRUCTIONS FOR FORM IIIa**

NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS  
AND EDUCATIONAL INSTITUTIONS

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Minutes or Hours</i>	
National Association of Educational Office Professionals**	Psychology Institute Class	7/2017		30
	Institute	4/1/2016		15
	Annual Meeting	7/2015		12
	Advisory Council	7/10/15		3
	Membership Briefing	7/10/15		1
	Memory Workshop	7/9/15		6
	Problem Solving	7/8/15		3
	Golden Key	7/8/15		3
NAEOP Foundation	Add a Bit to the Job	3/25/2016		6
<b>Anchorage School District</b>	<b>See Attached My Learning Plan Transcript</b>	<b>Beg date-End date On transcript you are submitting with</b>		<b>Total the Hrs</b>
____ Educational Institution	Staff Development Seminar	4/15/02		6

All minutes and hours accrued above sixty (60) hours may be used toward next PSP certificate level. Total Hours 56

↑	↑	
Program planned or sponsored by: Name of group <b>(begin with National)</b>	Name of Program: convention, conference, institute, workshop.  Indicate with an (*) program approved on Form VIII.	** NAEOP Institute may be used to meet education requirements or Inservice Training Workshop/Seminar points.

**To print your “My Learning Plan” transcript:**

- Log into My Learning Plan
- Click on “My Portfolio” on the left-hand side of the screen
- Click on “Print Transcript”
- Click on “Open File”
- Print the entire transcript

**Enter the number of total hours and date range on Form IIIa inside the grid and on the total line.**

**\*Ask your Principal/Supervisor to sign and date the first page of the transcript to make it official for NAEOP purposes.\***

**Do not sign this form. It needs to be reviewed by the TOTEM PSP group for accuracy first.**