

APPLICATION FOR UPGRADING 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

Refer to the Professional Standards booklet and submit the information requested below. Mail with \$40 to the NAEOP PSP Registrar at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. VISA, MasterCard & Discover are accepted, but will be charged a \$5 surcharge, if used as payment. THIS FORM MUST BE TYPED.

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 PSP Certificate)

Address _____ Mailing Address _____ City _____ State _____ ZIP+4 _____

Work Phone () _____ Home Phone () _____ FAX () _____

Email Address _____

Present Certificate Level _____ Option _____ Date of Certificate _____

Application is being made for Certificate level _____ Option _____

I. EDUCATION

A. CLEP Tests Date taken _____

B. Business School
Name of business school _____
Official transcript or statement/certificate of completion (check if applicable): [] Enclosed

C. Adult Education, Inservice Education or Continuing Education Courses. To be completed for Option I education requirements. List courses on back of this form and enclose signed documentation of completion.

D. College or university credit
Name of college or university _____
Official transcript (check if applicable): [] Enclosed

II. EXPERIENCE

List work experience, (education or business) since the awarding of your last certificate, beginning with your current position.

Table with 4 columns: Name of school or business, Address of school or business, Job Title (ex: secretary, bookkeeper, etc.), Dates of Employment (From: Mo./Yr. To: Mo./Yr.)

- On the back of this form, list education courses taken for this certificate update and enclose transcript or certificate of completion for each.
Place this form on the TOP of your application packet. Enclose copies of newly completed Forms II, IIIa, and IIIb, indicating points earned since the awarding of last certificate and any carryover points for Forms IIIa and IIIb, and attach certificates of attendance/completion.

Name on Credit Card _____ Credit Card: [] Visa [] MasterCard [] Discover

Credit Card Number _____ Expiration _____ CVV: _____

Signature _____

**BACK OF FORM IV
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<i>Course Name</i>	<i>Hours</i>	<i>Course Name</i>	<i>Hours</i>
1 _____		7 _____	
2 _____		8 _____	
3 _____		9 _____	
4 _____		10 _____	
5 _____		11 _____	
6 _____		12 _____	

Attach copies of signed certificates indicating completion of adult education, inservice, or continuing education courses listed above.