

APPLICATION FOR COURSE TO BE USED UNDER OPTION I

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
P.O. Box 12619
Wichita, KS 67277-2619

Date _____

Consider request for approval of the course described below to meet the education requirements under Option I of the Professional Standards Program. Submit in duplicate; one copy will be returned to the applicant. THIS FORM MUST BE TYPED.

IF THIS COURSE IS APPROVED, A CERTIFICATE OR STATEMENT OF SUCCESSFUL COMPLETION OR AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE NAEOP PSP REGISTRAR WITH THE PSP APPLICATION.

Name of Applicant _____

Address _____
Mailing Address City State ZIP+4

Email Address _____

NOTE: Attach a description of the course or adult education program and the name of the sponsoring institution.

1. Name and location of institution offering this course:

2. Name of course _____

3. Number of hours per session _____ Number of sessions _____ Total number of hours _____

For Office Use Only

The above course is approved for _____ not approved

Remarks:

Date _____

NAEOP PSP Registrar