

CONTINUING EDUCATION FOR PSP 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. If you hold one of these offices, it is not permissible to verify your own forms. **THIS FORM MUST BE TYPED and attached to Form V for recertification.**

Name of Applicant _____

Address _____
Mailing Address
City
State
ZIP+4

Email Address _____

• **Business School**

Name of business school _____

Official transcript or statement/certificate of completion (check one): Enclosed Being sent from business school

List courses/hours:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

• **College or University Credit**

Name of college or university _____

Official transcript (check one): Enclosed Being sent from college / university

List courses/credit hours:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

• **Adult Education, Inservice Education, Continuing Education Courses, Workshops or Seminars:**

Attach copies of signed documentation within the five years prior to recertification date.

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Hours</i>
Anchorage School District	See attached My Learning Plan Transcript	01/16/2011-current	

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 Chairperson or Approved Designee

 Mailing Address

TOTEM Association of ESP

 Name of Association

Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

_____, Notary Public

My commission expires _____

<i>Sponsoring Organization</i>	<i>Title of Program</i>	<i>Date</i>	<i>Minutes or Hours</i>	

Total hours _____