

INSTRUCTIONS FOR FORM IIIb

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education-related association's membership and participation since July 1, 1980. 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>	PARTICIPATION					
	<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
National Association of Educational Office Professionals	1991-02	11			Publicity Committee Member - 1991-92	1
					Panel at AASA Convention - 1991	1
<u>State</u> Association of Educational Office Personnel	1994-02	8			Luncheon Committee For Workshop - 1996	1
<u>Local</u> Association of Educational Office Professionals	1991-02	11	Membership Chairman 1993-95	4	Membership Committee Member - 1992-94	2
			Registration Chairman for State Conference 1994-95	2		
			President Elect 1995-96	2		
			President 1997-98	2		
___PTA	1999-2003	5				

All points accrued above ten (10) may be used toward next PSP certificate level.

Total Points 50

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Name of Educational Office Professionals Association
 National
 State
 Local
 Other Education-Related Organizations
 National
 State
 Local

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Membership – one (1) point each year in each association

APPLICATION FOR COURSE TO BE USED UNDER OPTION I

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
1841 S. Eisenhower Ct.
Wichita, KS 67209

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. PLEASE COMPLETE ELECTRONICALLY AND PRINT.

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 _____ Phone _____

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

BACK OF FORM IX
APPLICATION FOR COURSE TO BE USED UNDER OPTION I