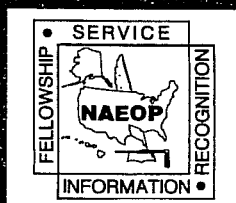


**National Association of  
Educational Office Professionals'**

# **Professional Standards Program**

# **PSP**

**A Certification Program for Educational Office Professionals**



**National Association of  
Educational Office Professionals**

**Revised 10.06**

Certificate level and option for which application is being made:

_____	_____
Level	Option

Signature \_\_\_\_\_

**EDUCATION****Section 1.** High school or equivalency required for all certificate levels.

Name of high school \_\_\_\_\_

from which graduated \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Transcript or official statement verifying high school graduation is (check one): ☐ Enclosed ☐ Being sent from high school**Section 2.** Business School: To be completed if certificate and option require statement from business school.

Name of business school \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Official transcript or statement (check one): ☐ Enclosed ☐ Being sent from business school**Section 3.** College or University: To be completed for verification of college credit earned.

<i>Name of College or University</i>	<i>City and State</i>	<i>Dates Attended</i>

Official transcripts are (check one): ☐ Enclosed ☐ Being sent from college and/or university**Section 4.** Adult Education, Inservice Education, or Continuing Education Courses: To be completed for Option I education requirement. (Refer to page 7 in the book)

<i>Course Name</i>	<i>Hours</i>	<i>Course Name</i>	<i>Hours</i>
1 _____		8 _____	
2 _____		9 _____	
3 _____		10 _____	
4 _____		11 _____	
5 _____		12 _____	
6 _____		13 _____	
7 _____		14 _____	

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

<i>example: 1 Microsoft Excel</i>	<i>10</i>
<i>2 Microsoft Power Point</i>	<i>20</i>

<i>All documents submitted become a part of the applicant's file.</i>
---

### ADMINISTRATOR'S EVALUATION OF APPLICANT

The applicant named below is applying for a certificate through the Professional Standards Program of the National Association of Educational Office Professionals. The Professional Standards Program Committee requests your appraisal of the applicant's qualifications.

The Program has been designed to motivate professional growth of educational office professionals and to give recognition for their achievements.

Name of Applicant (please type) \_\_\_\_\_

Address \_\_\_\_\_

Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

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

Please check appropriate column.

<i>Qualities of Characteristics</i>	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Ability to get along with others				
Accuracy				
Basic Skills				
Efficiency				
Friendliness				
Initiative				
Judgment				
Loyalty				
Punctuality				

Comments (use back of page if additional space needed):

Name \_\_\_\_\_ Title \_\_\_\_\_

School or \_\_\_\_\_

District \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(not valid unless signed)

Send to:

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

Under public Law 93-380, this communication may no longer be confidential. Please check disposition of same after it has served its purpose.

- ☐ Return to sender
- ☐ Maintain in file
- ☐ Destroy

Administrator must be current or previous supervisor.

BACK OF FORM II

***ADMINISTRATOR'S EVALUATION OF APPLICANT***

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

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

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>Minutes</i>	<i>Hours</i>

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.

I verify the above statements to be correct according to documents attached to this form.

Signature of Applicant

Signature of PSP Chairman (local or state) or President (local or state) –  
Circle appropriate one.

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

Mailing Address

\_\_\_\_\_, Notary Public

Name of Association

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

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	7/90		30
	Institute	4/1/95		15
	Annual Meeting	7/95		12
	Advisory Council	7/10/95		3
	Membership Briefing	7/10/95		1
	Memory Workshop	7/9/95		6
	Problem Solving	7/8/95		3
	Golden Key	7/8/95		3
NAEOP Foundation	Add a Bit to the Job	3/25/96		6
<u>State</u> Educational Office Professionals Association	Annual Meeting	11/2/02		6
<u>Local</u> Educational Office Professionals Association	Listening Workshop (*)	11/3/01		6
_____ 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 97

↑  
Program planned or sponsored by:  
Name of group  
(begin with National)

↑  
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.

Date \_\_\_\_\_

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

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

## PARTICIPATION

			PARTICIPATION			
Association/Organization	Membership		Elected Officer or Committee Chairman		Workshop/Seminar Leader or Keynote Speaker—One point per presentation or Committee Member	
	One point per year		Two points per year		One point per year	
	Year(s) i.e. 1994-95	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

Total Points \_\_\_\_\_

Date \_\_\_\_\_

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



# 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 five 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.

			PARTICIPATION			
Association/Organization	Membership		Elected Officer or Committee Chairman		Workshop/Seminar Leader or Keynote Speaker—One point per presentation or Committee Member	
	One point per year		Two points per year		One point per year	
	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
State Association of Educational Office Personnel	1994-02	8			Luncheon Committee For Workshop - 1996	1
Local 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

↑  
Name of Educational Office Professionals Association

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

National  
State  
Local  
Other Education-Related Organizations  
National  
State  
Local

# APPLICATION FOR THE DISTINCTION OF CERTIFIED EDUCATIONAL OFFICE EMPLOYEE

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

Mail this application and \$55 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.

## 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 \_\_\_\_\_

The distinction of Certified Educational Office Employee (CEOE) requires attainment of the Advanced III, Option, certificate; or Associate Degree certificate or higher under Option II. Applicant must be a member of NAEOP.

Present Certificate Level \_\_\_\_\_ Option \_\_\_\_\_ Date on Certificate \_\_\_\_\_

**If paying application fee by credit card, please insert information at the bottom of the form.**

*For Office Use Only*

Request is: approved not approved

Remarks:

Date \_\_\_\_\_  
\_\_\_\_\_  
NAEOP PSP Registrar

Name on Credit Card \_\_\_\_\_ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_