CHECKLIST
July 2025

National Association of Educational Office Professionals
Professional Standards Program Checklist

Name _____

Address _____

City, State, ZIP+4 _____

Email Address _____

Option you are applying for:

☐ Basic
☐ Associate Professional
☐ Advanced I
☐ Advanced II
☐ Advanced III

☐ Associate Degree
☐ Bachelor Degree
☐ Master Degree
☐ Doctoral Degree

NAEOP Membership #_____

☐ Recertification ☐ CEOE ☐ CESE

Forms required for Applying for your first PSP Certificate $45.00	Applicant	PSP Chairman/ President	NAEOP Staff
Form I, Page 1	☐	☐	☐
Form I, Page 2	☐	☐	☐
Form IIa: Signed by PSP Chairman or President	☐	☐	☐
Form IIb: Signed by PSP Chairman or President	☐	☐	☐
Forms required for Upgrading your PSP Certificate $45.00			
Form IIa: Newly completed since last certificate	☐	☐	☐
Form IIb: Newly completed since last certificate	☐	☐	☐
Form III	☐	☐	☐
Forms required for Recertification $25.00			
Form IV	☐	☐	☐
Form V	☐	☐	☐
Form Va	☐	☐	☐
Forms required for CEOE/CESE $55.00			
Form VI	☐	☐	☐
Membership Renewal (optional) **$55.00**			
Credit Card Fee (if applicable) **$5.00**			
TOTAL DUE (if not credit card, check enclosed) **$_____**			

For office use only

Application is _____ Approved _____ Not approved

Remarks _____

_____ Inservice Carryover
_____ AEOP Carryover
_____ Non AEOP Carryover

_____
NAEOP Staff

_____
Date

RECORD OF EXPERIENCE AND EDUCATION

Refer to the Professional Standards Program booklet and enter information requested below. Mail a $45 PSP certificate application fee to the NAEOP staff, National Association of Educational Office Professionals, 521 First St., PO Box 10, Milford, NE 68405.

Make check or money order payable to the National Association of Educational Office Professionals. American Express, VISA, MasterCard & Discover are accepted. A $5 convenience fee will be added to all credit cards, debit cards and P-cards used for payment. Applicant must be a member of NAEOP. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL TO staff@naeop.org.**

Date _____ Membership Number _____
(See membership card or recent mailing label)

Name _____ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) _____

MailingAddress _____ City State ZIP _____

EmailAddress _____

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

Certificate level for which application is being submitted: _____
Level

EXPERIENCE

Beginning with current position, list work experience demonstrating 4 years of experience with a minimum of 2 years in an educational institution.

Name of school or business	*Address of school or business*	*Job Title/duties (ex: secretary, teacher asst., bookkeeper, custodian, etc.)*	*Full-time or Part-time*	*Dates of Employment From: Mo./Yr.*	*To: Mo./Yr.*

Name on Credit Card _____ Credit Card: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Address of Credit Card Holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

EDUCATION

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

Name of high school from which graduated _____ Date _____

Address _____

Transcript or copy of diploma verifying high school graduation is (check one): ☐ *Enclosed* ☐ *Being sent from high school*

NOTE: *If you are submitting postsecondary education credits from an accredited institution of higher education, it is not necessary to submit a high school transcript.*

Section 2. Postsecondary education – Colleges/Universities: To be completed for verification of college credit earned.

Name of College or University	***City and State***	***Dates Attended***

Transcripts are (check one): ☐ Enclosed ☐ Being sent from college and/or university

All documents submitted become a part of the applicant's file.

Form IIa

PROFESSIONAL ACTIVITY RECORD
Inservice/Education Hours

Reply to: NAEOP Staff
Professional Standards Program
Email to: staff@naeop.org

Date _____

Form must be verified by your local, or state PSP Chairman or local/state president or NAEOP PSP Liaison. If you hold one of these offices, it is not permissible to verify your own forms. PLEASE COMPLETE ELECTRONICALLY AND EMAIL.

Name of Applicant _____

Address _____ City, State, ZIP _____

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 and transcripts for college credits listed below.

Sponsoring Organization	Title of Program	Date	Hours	Minutes

Total Hours _____

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 PSP Chairman or President (of your local or state NAEOP affiliated association) or NAEOP PSP Liaison (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

_____
_____
Mailing Address

_____
Name of Association

Date _____

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

Continued from Form IIa

NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS AND EDUCATIONAL INSTITUTIONS

Sponsoring Organization	Title of Program	Date	Hours	Minutes

Total Hours _____

INSTRUCTIONS FOR FORM IIa

NATIONAL, STATE, LOCAL, AND WORK-RELATED PROFESSIONAL ASSOCIATIONS AND EDUCATIONAL INSTITUTIONS

Sponsoring Organization	Title of Program	Date	Hours	Minutes
National Association of Educational Office Professionals**	Psychology Institute Class	7/2000	30	
	Institute	4/1/2005	15	
	Annual Meeting	7/2005	12	
	Advisory Council	7/10/2005	3	
	Membership Briefing	7/10/2005	1	
	Memory Workshop	7/9/2005	6	
	Problem Solving	7/8/2005	3	
	Golden Key	7/8/2005	3	
NAEOP Foundation	Add a Bit to the Job	3/25/2006	6	
State Educational Office Professionals Association	Annual Meeting	11/2/2002	6	
Local Educational Office Professionals Association	Business Meetings Listening Workshop (*)	11/3/2001	6	
Educational Institution	Staff Development Seminar	4/15/2002	6	

Total Hours _____

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.

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

Form IIb

PROFESSIONAL ACTIVITY RECORD
of National, State, and Local Association Responsibility

Reply to: NAEOP Staff
Professional Standards Program
Email to: staff@naeop.org

Date _____

Form must be verified by your local, or state PSP Chairman or local/state president or NAEOP PSP Liaison. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL.**

Name of Applicant _____

Address _____ City, State, ZIP _____

Email Address _____

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education- related association memberships and participation. Spell out all acronyms other than AEOP and PTA. **A minimum of 5 points must be earned from local, state, or national NAEOP-affiliated associations for educational professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

			PARTICIPATION			
Association/Organization	**Membership** *One point per year*		**Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker** *Two points per year/Presentation*		**CommitteeMember** *One point per year*	
	Year(s) i.e. 2004-2005	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

Total Points _____

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 PSP Chairman or President (of your local or state NAEOP affiliated association) or NAEOP PSP Liasion (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

_____

_____
Mailing Address

_____
Name of Association

Date _____

Revised 07/2025

INSTRUCTIONS FOR FORM IIb

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 professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

			PARTICIPATION			
Association/Organization	**Membership** *One point per year*		**Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker** *Two points per year/Presentation*		**CommitteeMember** *One point per year*	
	Year(s) i.e. 2004-2005	Points i.e. 1	Activity & Year	Points	Activity & Year	Points
National Association of Educational Office Professionals	2001-2012	11			Publicity Committee Member - 2001-2002 Panel at AASA Convention - 2001	1 1
State Association of Educational Office Personnel	2004-2012	8			Luncheon Committee For Workshop - 2006	1
Local Association of Educational Office Professionals	2001-2012	11	Membership Chairman 1993-95 Registration Chairman for State Conference 1994-95 President Elect 1995-96 President 1997-98	4 2 2 2	Membership Committee Member - 2002-2004	2
PTA	1999-2003	5				

Total Points 50

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

Name of Educational Office Professionals Association
- National
- State
- Local

Other Education-Related Organizations
- National
- State
- Local

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

Revised 07/2025

Form III

APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL

Reply to:

NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Refer to the Professional Standards booklet and submit the information requested below. Mail a $45 upgrade fee to NAEOP at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. AMEX, VISA, MasterCard & Discover are accepted. A $5 convenience fee is added to all credit cards, debit cards and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL FORM to staff@naeop.org.**

Date _____ Membership Number _____

Name of Applicant/Previous Name(s) (if applicable) _____

Address _____ City, State, ZIP+4 _____

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

Email Address _____

Present Certificate Level _____ Date of Certificate _____

Application is being made for Certificate level _____

I. EDUCATION

A. Adult Education, Inservice Education or Continuing Education Courses.
List courses on back of this form and enclose signed documentation of completion.

B. Post secondary Education - college or university credit
Name of college or university

Transcript (check one): ☐ Enclosed ☐ Being sent from college / university

II. EXPERIENCE

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

Name of school or business	*Address of school or business*	*Job Title/duties* *(ex: secretary, teacher asst., bookkeeper, custodian, etc.)*	*Full-time or Part-time*	*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 IIa, and IIb, indicating points earned since the awarding of last certificate, and attach certificates of attendance/completion.

Name on Credit Card _____ Credit Card: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Address of Credit Card Holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

BACK OF FORM III
APPLICATION FOR UPGRADING OF PSP CERTIFICATE LEVEL

COURSE NAME	HOURS

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

Form IV

APPLICATION FOR RECERTIFICATON OF PSP CERTIFICATE LEVEL

Reply to:

NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Place this form on the TOP of your application packet and **include Form V and appropriate signed documentation.** Mail $25 fee to the NAEOP Staff at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. AMEX,VISA, MasterCard & Discover are accepted. A $5 convenience fee is added to all credit card, debit card and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL to staff@naeop.org.**

Date _____ Membership Number _____
(See membership card or recent mailing label)

Name of Applicant _____ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) _____

Address _____ City, State, ZIP+4 _____

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

Email Address _____

Highest PSP Certificate Level _____ Date of Certificate _____

Continuous NAEOP member since _____

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

For Office Use Only

☐ *60 hours of continuing education verified*

☐ *5 years continuous NAEOP membership verified*

Recertification is: ☐ approved ☐ not approved

Remarks:

Date _____ NAEOP Staff _____

Name on Credit Card _____ Credit Card: ☐VISA ☐MasterCard ☐Discover ☐ AMEX

Address of Credit Card Holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

BACK OF FORM IV

APPLICATIONFOR RECERTIFICATIONOF PSP CERTIFICATELEVEL

CONTINUING EDUCATION FOR PSP RECERTIFICATION

Reply to: NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
Email: staff@naeop.org

Date _____

Form must be verified by your local, or state PSP Chairman or local/state president or NAEOP PSP Liaison. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY, Email to staff@naeop.org Form V for recertification.**

Name of Applicant _____
Address _____ City, State, ZIP+4 _____

•Postsecondary Education – College or University Credit

Name of college or university _____
Transcript (check one): ☐ Enclosed ☐ Being sent from college / university

List courses/credit hours:

_____
_____
_____
_____
_____
_____

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

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

Sponsoring Organization	Title of Program	Date	Hours	Minutes

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 PSP Chairman or President (of your local or state NAEOP affiliated association) or NAEOP PSP Liaison (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

_____

_____
Mailing Address

_____
Name of Association

Date _____

Sponsoring Organization	Title of Program	Date	Hours	Minutes

Total Hours _____

National State, and Local Association Responsibility for Recertification

Reply to: NAEOP Staff
Email to: staff@naeop.org

Date _____

Form must be verified by your local, or state PSP Chairman or local/state president or NAEOP PSP Liaison. If you hold one of these offices, it is not permissible to verify your own forms. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL.**

Name of Applicant _____

Address _____ City, State, ZIP _____

Email Address _____

IMPORTANT: List local, area, county, state, and /or national associations for educational office professionals and other education- related association memberships and participation within the last 5 years. Spell out all acronyms other than AEOP and PTA. **A minimumof 5 points must be earned from local, state, or national associations for educational professionals.** Attach copies of membership cards or signed documentation verifying membership and participation.

			PARTICIPATION			
Association/Organization	**Membership** *One point per year*		**Elected Officer/Committee Chairman Workshop/Seminar Leader/ Keynote Speaker** *Two points per year/Presentation*		**CommitteeMember** *One point per year*	
	Year(s) i.e. 2004-2005	Points i.e. 1	Activity & Year	Points	Activity & Year	Points

Total Points _____

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 PSP Chairman or President (of your local or state NAEOP affiliated association) or NAEOP PSP Liaison (signee must be a current NAEOP member and hold a current PSP Certificate). Circle appropriate one.

_____

_____
Mailing Address

_____
Name of Association

Date _____

Form VI

APPLICATION FOR THE DISTINCTION OF CERTIFIED EDUCATIONAL OFFICE EMPLOYEE/CERTIFIED EDUCATIONAL SUPPORT EMPLOYEE

Reply to:
NAEOP PSP Registrar
Professional Standards Program
National Association of Educational Office Professionals
521 First St., PO Box 10
Milford, NE 68405

Mail application fee of $55 to the NAEOP Staff at the above address. Make checks or money order payable to the National Association of Educational Office Professionals. VISA, MasterCard & Discover are accepted. A $5 convenience fee will be added to all credit cards, debit cards, and P-cards used for payment. **PLEASE COMPLETE ELECTRONICALLY AND EMAIL to: staff@naeop.org.**

Date _____ Membership Number _____
(See membership card or recent mailing label)

Name of Applicant _____ (Name as you wish it to appear on the PSP Certificate)

Previous Name(s) (if applicable) _____

Address _____ City, State, ZIP+4 _____

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

Email Address _____

The distinction of Certified Educational Office Employee (CEOE)/Certified Educational Support Employee (CESE) requires attainment of the Advanced III level or higher. Applicant must be a member of NAEOP. Application for CEOE/CESE may be made at the same time as application for PSP certificate or at a later filing date. Please select desired distinction below.

☐ Certified Educational Office Employee (CEOE) ☐ Certified Educational Support Employee (CESE)

Present Certificate Level _____ Date of 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 Staff _____

Name on Credit Card _____ Credit Card: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Address of Credit Card Holder _____

Credit Card Number _____ Expiration _____

Signature _____ Security Code _____

A $5 convenience fee is added to all credit cards, debit cards, and P-cards used for payment.
