

North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program

Application For Renewal Or Upgrade

County	District No	Date
Employer	Position Held:	
Name	(Please type your name as it should appear on the PSP Certificate)	
Mailing Address (Street address, PO Box, Route)		
City		St
City		Zip
Personal phone (w/area code)	E-mail Address	Work phone (w/area code)
Work Fax (w/area code)		
Administrator's Name (person to whom correspondence will be mailed)		Title
Mailing Address (Street address, PO Box, Route)		City
City		St
City		Zip
Type of Certificate For Which You Are Applying (Check One)		
<input type="checkbox"/>	Standard	<input type="checkbox"/>
<input type="checkbox"/>	Advanced Associate II	<input type="checkbox"/>
<input type="checkbox"/>	Professional	<input type="checkbox"/>
<input type="checkbox"/>	Associate	<input type="checkbox"/>
<input type="checkbox"/>	Advanced Associate III	<input type="checkbox"/>
<input type="checkbox"/>	Masters	<input type="checkbox"/>
<input type="checkbox"/>	Advanced Associate I	<input type="checkbox"/>
<input type="checkbox"/>	Professional Associate	<input type="checkbox"/>
<input type="checkbox"/>	Computer Technology	<input type="checkbox"/>
Certificate Currently Held		Conference Year Received
Application for Certificate (check one)		Renewal
Application for Certificate (check one)		Upgrade

Return this form with a \$35.00 registration fee (payable to NCAEOP) to:

Donna Tapp, CEOE, PSP Registrar
16042 Old Wire Road
Laurinburg, NC 28352
910-245-7231
E-mail: psp@ncaeop.net

Insufficient postage and returned checks will delay processing of your application until correct postage and bank service charges have been received.

FORM4

Revised 05/01/2019