

North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program
Application for Approval of In-Service Training Program

Only Typewritten Forms Will Be Processed

County Where Employed _____ District _____ No _____ Date _____
Employer _____ Year of Workshop _____
Name of Applicant _____ Work Phone _____
E-mail Address _____ Work Fax _____

Mail: 2 copies to Donna Tapp, CEOE, PSP Registrar, 16042 Old Wire Road, Laurinburg, NC 28352
(Enclose a Self-Addressed stamped envelope to receive your copy)

E-mail: 1 copy to psp@nceop.net

Program Planned or Sponsored by (name of group):

If **SPONSORED** credit is sought **ALL** of the following criteria must be met. Check all that applies:

- planned, co-planned, organized or assisted by local, district, state or national
- EOP unit offered to all EOP's in the unit
- job-related
- requesting prior approval from PSP Registrar

Type of Program (convention, conference, institute, workshop, forum): _____

Exact Workshop Title _____

Workshop Location _____ Date of Program _____

Name of Person Conducting Program _____ Title _____

Why Do You Feel This Presenter Is Qualified?

Number of Days _____ Contact Hours/Day _____ Total Clock Contact Hours _____

Description of Program

TO BE COMPLETED BY PSP REGISTRAR

The above in-service program is approved OR not approved to satisfy in-service requirements under Professional In-service Activity as indicated below:

Clock Hours _____ Sponsored Non-Sponsored

Signed _____

Date: _____

Donna Tapp, CEOE, PSP Registrar

Form 8 required to be sent in after workshop

FORM 5

Revised 05/01/2019