

North Carolina Association of Educational Office Professionals, Inc.

**PROFESSIONAL STANDARDS PROGRAM**

PSP Checklist

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Type of Certificate for Which You Are Applying (Check One)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Standard             | <input type="checkbox"/> Advanced Associate II  | <input type="checkbox"/> Professional        |
| <input type="checkbox"/> Associate            | <input type="checkbox"/> Advanced Associate III | <input type="checkbox"/> Masters             |
| <input type="checkbox"/> Advanced Associate I | <input type="checkbox"/> Professional Associate | <input type="checkbox"/> Computer Technology |
| <br>  |   |  |
| <input type="checkbox"/> Renewal              |   |  |

	Applicant	PSP Chair/ President	PSP Registrar
Form 1			
Form 1 Page 2			
Form 3A			
• Signed by Applicant			
Form 3B			
• Signed by Applicant			
Form 4			
Form 5			
Form 6			
Form 7			
• Signed President or PSP Chair at State, District or Local			
Form 8			
Form 9			
Payment Included with Application			

Application is  Approved  Not approved

Remarks: \_\_\_\_\_

\_\_\_\_\_  
PSP Registrar