

**NORTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS, INC.  
PROFESSIONAL STANDARDS PROGRAM**

**APPLICATION FOR ADMISSION**  
**This form must be typed - faxes are not accepted**

<b>County</b>		<b>District No</b>		<b>Date</b>		
<b>Name</b>						
(Please type your name as it should appear on the PSP Certificate)						
<b>Mailing Address (Street address, PO Box, Route)</b>			<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Personal Phone (w area code)</b>		<b>Email Address</b>		<b>Work Phone (w/area code)</b>	<b>Work Fax (w/area code)</b>	
If personal residence is in a community other than where employed, indicate town (or state) with which you wish to be identified						
<b>Certificate and Option for which application is being made</b>				<b>Certificate</b>	<b>Option</b>	
<b>Job Assignment Currently Held</b>						
<b>Approximate date to complete requirements</b>				<b>Month</b>	<b>Year</b>	
<b>Administrator's Name (person to whom correspondence will be mailed)</b>				<b>Title</b>		
<b>Mailing Address (Street address, PO Box, Route)</b>				<b>City</b>	<b>State</b> <b>Zip</b>	
<b>Superintendent or College President's Name</b>				<b>Title</b>		
<b>Mailing Address (Street address, PO Box, Route)</b>				<b>City</b>	<b>State</b> <b>Zip</b>	
<b><u>EMPLOYMENT RECORD</u></b>						
List education work experience for the past three years						
1	<b>School or Business Employer Name and</b>		<b>Job Title and Department or Division</b>		<b>Dates of Employment</b>	
	<b>Name</b>	<b>City/State</b>			<b>From Mo and Yr</b>	<b>To Mo and Yr</b>
2	<b>Name</b>	<b>City/State</b>				
3	<b>Name</b>	<b>City/State</b>				
4	<b>Name</b>	<b>City/State</b>				