

**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 Wilma J. Greene, PSP Registrar, P.O. Box 28, Lakeview, NC 28350  
(Enclose a Self-Addressed stamped envelope to receive your copy)

**Fax:** 1 copy to 910- 245-1706 OR **E-mail:** 1 copy to [psp@ncaeop.org](mailto:psp@ncaeop.org)

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? \_\_\_\_\_

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Number of Days \_\_\_\_\_ Contact Hours/Day \_\_\_\_\_ Total Clock Contact Hours \_\_\_\_\_

Description of Program \_\_\_\_\_

\_\_\_\_\_

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**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: \_\_\_\_\_

Wilma J. Greene, PSP Registrar