

North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program
Application for Approval of Continuing Education Courses

Only Typewritten Forms Will Be Processed

This request is submitted for approval for the course described below under the education requirements of the Professional Standards Program. If this course is approved, a certificate or statement of successful completion will be submitted to the Registrar of the Professional Standards Program.

County Where Employed _____ District No. _____ Date _____
Employer _____ Year of Course _____
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@nceop.org

Course Name (Include Number): _____

Institution Offering Course: _____

Beginning Date: _____ Ending Date: _____

Number of Hours per Session: _____ Number of Sessions _____ Total Clock Contact Hours _____

Brief Description of course content (for continuing education courses, include a brochure or catalogue course description.)

Signature of Applicant Submitting Request: _____

_____ **TO BE COMPLETED BY PSP REGISTRAR** _____

The above in-service program is approved OR not approved to satisfy in-service requirements under Option B.

Signed _____
Wilma J. Greene, PSP Registrar

Date: _____