

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

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

County		District No		Date	- -			
Name	(Please type your name as it should appear on the PSP Certificate)							
Mailing Address (Street address, PO Box, Route)		City		St	Zip			
Personal phone (w/area code)	E-mail Address		Work phone (w/area code)	Work Fax (w/area code)				
If personal residence is in a community other than where employed, indicate town (or state) with which you wish to be identified →								
Certificate and Option for which application is being made			Certificate		Option			
			Approximate date to complete requirements			Month	Year	
Administrator's Name (person to whom correspondence will be mailed)			Title					
Mailing Address (Street address, PO Box, Route)		City		St	Zip			
Superintendent or College President's Name			Title					
Mailing Address (Street address, PO Box, Route)		City		St	Zip			
<u>EMPLOYMENT RECORD</u>								
List education and/or business work experience since high school graduation. Record experience in REVERSE chronological order, beginning with the current year.								
	School or Business Employer Name and City/State		Job Title and Department or Division		Dates of Employment			
					From Mo and Yr		To Mo and Yr	
1	Name							
	City/State	,			—	—	—	—
2	Name							
	City/State	,			—	—	—	—
3	Name							
	City/State	,			—	—	—	—
4	Name							
	City/State	,			—	—	—	—
5	Name							
	City/State	,			—	—	—	—