North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program
Activity Record of In-Service Training
Form Must be Typewritten or Computer-Generated & Attached

Applicant's Name		**County**		**District No**	
Mailing Address					
	PO Box, Street, Route		**City**	**St**	**Zip**
Certificate Type (check one)	**Original** ☐		**Renewal** ☐	**Upgrade** ☐	

INSERVICE TRAINING
National, State, District, Local, and Work-related Professional Associations

Program Planned and/or Sponsored By	**Type of Program or Convention, Institute Workshop, or Course (Asterisk those programs approved on Form 5)**				**Total contact hours in workshop:**
Sponsor Name	**Work Shop Title**	**Date (mm/dd/yy)**			**Clock Hours**
	TOTAL CLOCK HOURS				

Name of current certificate held_____ Date awarded: __-__-__(mm/dd/yy)

Subscribed and sworn to before me on this __ day of _____ (month), 200_

_____ My commission expires: __-__-__ (mm/dd/yy)
Notary Public

I certify the above statements to be true and correct according to my best knowledge and belief.

_____ __-__-__(mm/dd/yy)
(Signature of Applicant) (Date)

MINIMUM REQUIREMENT IS 60 CLOCK HOURS. NOTE: AT LEAST 30 OF THE 60 HOURS MUST BE SPONSORED BY NATIONAL, STATE, DISTRICT OR LOCAL EDUCATIONAL OFFICE ASSOCIATIONS.

Mail to: Wilma Greene, PSP Registrar
PO Box 28
Lakeview, NC 28350
910-245-7231 or 910-245-1706 (fax)
E-mail: psp@ncaeop.org

FORM 3-A