

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

**ACTIVITY RECORD OF ASSOCIATION RESPONSIBILITY**

Form Must Be Typed or Computer Generated and Attached

**Applicant's Name** \_\_\_\_\_ **County** \_\_\_\_\_ **District No** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**PO Box, Street, Route** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Certificate Type (check one)**      **Original** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Upgrade** \_\_\_\_\_

Ten (10) points of Association Responsibility are required for every certificate. Of the 10 points, at least 2 must be earned from committee work or holding office at the local, district, state or national level. The remaining points may be earned from local, state, or national membership. **District membership DOES NOT count.**

- Points:**
- 1 point for each year of membership
  - 1 point for "completed" committee membership
  - 2 points for "completed" service as an officer or as committee chairperson

Membership or Committee Position	Year	Position	Points

Name of current certificate held \_\_\_\_\_ Date awarded \_\_\_\_\_  
(mm/dd/yy)

Subscribed and sworn to before me on this _____ day of _____ (month), 20__ _____ My commission expires: _____ (mm/dd/yy) <b>Notary Public</b>
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I certify the above statements to be true and correct according to my best knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant) \_\_\_\_\_  
(Date)

**Mail to:** Wilma Greene, PSP Registrar, PO Box 28, Lakeview, NC 28350, 910-947-2976 or 910-947-3011 (fax)  
E-mail: [wgreene@mcs.k12.nc.us](mailto:wgreene@mcs.k12.nc.us)