

**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	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Upgrade
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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), 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.

(Signature of Applicant)

__ - __ - __ (mm/dd/yy)
(Date)

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