

**North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program**

Application For Renewal Or Upgrade

County		District No		Date		- -	
Employer							
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)	
Administrator's Name (person to whom correspondence will be mailed)				Title			
Mailing Address (Street address, PO Box, Route)				City		St	Zip
Type of Certificate For Which You Are Applying (Check One)							
<input type="checkbox"/>	Standard	<input type="checkbox"/>	Advanced Associate II	<input type="checkbox"/>	Professional		
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Advanced Associate III	<input type="checkbox"/>	Masters		
<input type="checkbox"/>	Advanced Associate I	<input type="checkbox"/>	Professional Associate	<input type="checkbox"/>	Computer Technology		
Certificate Currently Held						Conference Year Received	
Application for Certificate (check one)		<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Upgrade		

Return this form with a \$30.00 registration fee (payable to NCAEOP) to:

Wilma Greene, PSP Registrar
PO Box 28
Lakeview, NC 28350
910-245-7231 or 910-245-1706 (fax)
E-mail: Wilmag@charter.net

Insufficient postage and returned checks will delay processing of your application until correct postage and bank service charges have been received.