

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

**Application For Renewal Or Upgrade**

<b>County</b>		<b>District No</b>		<b>Date</b>		- -	
<b>Employer</b>							
<b>Name</b>							
<b>(Please type your name as it should appear on the PSP Certificate)</b>							
<b>Mailing Address (Street address, PO Box, Route)</b>				<b>City</b>		<b>St</b>	<b>Zip</b>
<b>Personal phone (w/area code)</b>		<b>E-mail Address</b>		<b>Work phone (w/area code)</b>		<b>Work Fax (w/area code)</b>	
<b>Administrator's Name (person to whom correspondence will be mailed)</b>				<b>Title</b>			
<b>Mailing Address (Street address, PO Box, Route)</b>				<b>City</b>		<b>St</b>	<b>Zip</b>
<b>Type of Certificate For Which You Are Applying (Check One)</b>							
<input type="checkbox"/>	<b>Standard</b>	<input type="checkbox"/>	<b>Advanced Associate II</b>	<input type="checkbox"/>	<b>Professional</b>		
<input type="checkbox"/>	<b>Associate</b>	<input type="checkbox"/>	<b>Advanced Associate III</b>	<input type="checkbox"/>	<b>Masters</b>		
<input type="checkbox"/>	<b>Advanced Associate I</b>	<input type="checkbox"/>	<b>Professional Associate</b>	<input type="checkbox"/>	<b>Computer Technology</b>		
<b>Certificate Currently Held</b>			<b>Conference Year Received</b>				
<b>Application for Certificate (check one)</b>		<input type="checkbox"/>	<b>Renewal</b>	<input type="checkbox"/>	<b>Upgrade</b>		

**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: [psp@ncaeop.org](mailto:psp@ncaeop.org)

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