

North Carolina Association of Educational Office Professionals, Inc.
Professional Standards Program
Application for Approval of In-Service Training Program

Only Typewritten Forms Will Be Processed

County Where Employed _____ District No. _____ Date _____
Employer _____ Year of Workshop _____
Name of Applicant _____ Work Phone _____
E-mail Address _____ Work Fax _____

Mail: 2 copies to Wilma J. Greene, PSP Registrar, P.O. Box 28, Lakeview, NC 28350
(Enclose a Self-Addressed stamped envelope to receive your copy)

Fax: 1 copy to 910- 245-1706 OR **E-mail:** 1 copy to psp@ncaeop.org

Program Planned or Sponsored by (name of group): _____

If **SPONSORED** credit is sought **ALL** of the following criteria must be met. Check all that applies:

- planned, co-planned, organized or assisted by local, district, state or national EOP unit
- offered to all EOP's in the unit
- job-related
- requesting prior approval from PSP Registrar

Type of Program (convention, conference, institute, workshop, forum): _____

Exact Workshop Title _____

Workshop Location _____ Date of Program _____

Name of Person Conducting Program _____ Title _____

Why Do You Feel This Presenter Is Qualified?

Number of Days _____ Contact Hours/Day _____ Total Clock Contact Hours _____

Description of Program

TO BE COMPLETED BY PSP REGISTRAR

The above in-service program is approved OR not approved to satisfy in-service requirements under Professional In-service Activity as indicated below:

Clock Hours _____ Sponsored Non-Sponsored

Signed _____ Date: _____
Wilma J. Greene, PSP Registrar