Texas Educational Support Staff Association, Inc.
P.O. Box 11825
Killeen, TX 76547

TESA Professional Enrichment Program (TPEP)

Certification Application

The TPEP program has been designed to stimulate professional development for support staff. Applicants must submit certification application in order to receive certification as a Certified Educational Organization Professional (CEOP).

Instruction

1. A one-time application fee of $20 must be paid before an individual receives certification.
2. Checks should be made payable to TESA.
3. Applicant must be a current member of TESA. Annual membership dues are $45.
4. TESA Membership Form, Application Form, and fees are to be returned to address above.

Note: We are so pleased with the number of members completing their TPEP Certification. There are many details associated with the processing of your TPEP paperwork. This process can take 8-10 business days. Please be patient; we are as excited as you and will complete it as soon as possible. Thank you.

Applicant _____
      (Please print)

Address _____

City _____ ZIP _____

Telephone: Office (_____) _____ Home/Cell (_____) _____

E-mail address_____ Employed by _____

CEOP Coursework Completed: ☐ Yes ☐ No *(if no, please complete next section if finishing at Summer Work Conference)*

Sessions to complete at SWC:

☐ Assertiveness Training	☐ Exceptional Customer Service	☐ Presentation Techniques
☐ Assisting Difficult People	☐ Interpersonal Communication	☐ Professional Growth Plan
☐ Basic Communication	☐ Leadership Training & Team	☐ Professional Image
☐ Business Grammar &	Building	☐ Spelling and Proofreading
Letter Writing	☐ Managing Change	☐ Stress Management
☐ Effective Workplace Practices	☐ Personality Profile	☐ Time Management

TESA does not maintain records for non-members. Please submit documentation for all coursework taken prior to membership in TESA and a copy of Summer Work Conference registration if completing coursework at SWC.

_____   _____
Applicant's Signature   Date   Supervisor/Administrator Signature   Date

Please complete form and make a copy for your files before mailing.

Date mailed: _____   Check #: _____