



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

Staff Training for Effective Management (STEM)

Certification Application

The STEM 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 Office 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 STEM Certification. There are many details associated with the processing of your STEM 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 (____) _____ Fax (____) _____

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:

_____ Basic Communication	_____ Business & Social Etiquette
_____ Effective Workplace Practices	_____ Dialogue of Diversity
_____ Interpersonal Communication	_____ Exceptional Customer Service
_____ Managing Change	_____ Leadership Training and Team Building
_____ Professional Growth Plan	_____ Presentation Techniques
_____ Profile for Success	_____ Professional Image
_____ Assisting Difficult People	_____ Spelling and Proofreading
_____ Assertiveness Training	_____ Stress Management
_____ Business Grammar and Letter Writing	_____ Time Management

TESA Central Office does not maintain records for non-members. Please submit documentation for all coursework taken prior to membership in TESA and 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 # _____