

MARYLAND ASSOCIATION
of
EDUCATIONAL OFFICE PROFESSIONALS

MAEOP Educational Office Professional of the Year

Guidelines

1. MAEOP candidates for this award must...
 - be a current member of the Maryland Association of Educational Office Professionals, Inc.
 - be a member of their local association
 - be currently employed as an educational office employee whether that position be as secretary, clerk, bookkeeper, etc.
 - have been employed as an educational office employee for a minimum of five years
 - must be employed in an educational institution, agency or office in either a private or public school system; institution of higher learning; or educational office in federal, state, or local government.
2. Nominations must be submitted to the MAEOP Awards Committee by **September 15**. Nominations postmarked after this date will not be considered.
3. Nomination Form #1 must be signed and attested to by the president of the local association or individual who has nominated the candidate. If your county has no local association, the candidate could be recommended by the Superintendent's office or by a member of MAEOP. The sponsoring association or individual should submit the completed Form #1 with Form #2.
4. The panel of judges will base their final decision on the following criteria:

a. Professional activity	30%
b. Personnel rating over the past five years	20%
c. Written recommendations	20%
d. Professional growth and in-service training	15%
e. Recommendation/reason for nomination from sponsor	10%
f. Membership in professional association	5%
5. A number identification system will be used so that the actual identity of the candidates is not disclosed to the judges. All materials will be held in strict confidence and destroyed after the judges have made their final decision.
6. The MAEOP Educational Office Professional of the Year shall be given an inscribed plaque by the Maryland Association of Educational Office Professionals, Inc.
7. The MAEOP Educational Office Professional of the Year will be notified that she/he has been selected as the recipient of this award. The award will be presented at the MAEOP annual conference in October.

MAIL FORMS TO:

PLEASE TYPE

NOMINATION FORM
MAEOP Educational Office Employee of the Year

Full Name of Candidate: _____

Address: _____
Street or P.O. Box City State Zip

Phone: Home _____ Office _____

Employer: _____
(Full name of school, college, agency, district, etc.)

Employer's Address: _____

Immediate Supervisor: _____

Supervisor's Address: _____

Phone: Office _____ Home _____

Reasons for Nomination:

Signature of Person Nominating Candidate

- Please submit five (5) letters of recommendation, a letter from Human Resources Director, and the candidate's resume.
- Return all materials to the Award Committee by **September 15** (postmark).
- Address of Committee Chair:

PLEASE TYPE

MAEOP Educational Office Employee of the Year

Name: _____

Present Position: _____ Number of Years: _____

Supervisor's Name and Title: _____

Business Address of Supervisor: _____

I. Previous positions held:

<u>Title of Position</u>	<u>Place of Employment</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Do you hold a NAEOP Professional Standards Certificate? Yes No

Year certificate was received: _____ Grade: _____

III. Do you hold a NAEOP/CEOE certificate? Yes No

Date certificate was received: _____

IV. Education courses completed within the last five years:

<u>Name of Course</u>	<u>Sponsored by</u>	<u>Number of Clock Hours</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach certificates of completion, transcripts, or letters attesting to enrollment in above courses.)

V. College level courses completed within the last five years:

<u>Name of Course</u>	<u>Sponsored by</u>	<u>Clock Hours</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach certificates of completion, transcripts, or letters attesting to enrollment in above courses.)

VI. Membership in professional organizations: List the names of professional association(s) of which you are a member.

	<u>Name of Organization</u>	<u>Years of Membership</u>
National:		

State:

Local:

VII. Professional Responsibilities in above organizations: List the office you have held and/or committees served on during the past three (3) years.

National:

State:

Local:

Note: You may submit additional information on separate enclosures if space on form is insufficient.

Signature of Candidate: _____ Date: _____