

TO BE COMPLETED BY STATE PRINCIPALS ASSOCIATION EXECUTIVE DIRECTOR

NATIONAL OUTSTANDING ASSISTANT PRINCIPAL AWARD PROGRAM



2022-23 STATE AFFILIATE CERTIFICATION FORM

The purpose of this form is to officially advise the National Association of Elementary School Principals that the assistant principal named herein has been selected to be the National Outstanding Assistant Principal of the Year in your state. He/she meets and accepts the qualifying conditions of this award as outlined in the Nominee's Application Packet.

Please Type (10 pt or higher) or Print

This is to certify that _____ has been selected as the
Assistant Principal's Name

National Outstanding Assistant Principal representing _____
State

State Association Executive Director

Organization

Address

City State County Zip

Phone Number (10-digit) Fax (10-digit)

E-mail

Signature Date

All 2022-23 NOAP materials are due to NAESP by
March 24, 2023.