

Please Send Completed Application and fee to:

Joanne Duncan, PDP Registrar
50 Rock Spring Avenue
West Orange, NJ 07052
E-mail: jodeeduncan@hotmail.com

PDP Enrollment Form

(Deadline 9/1/2021)

Name: _____

Address: _____

Office Phone #: _____

Email (required)*: _____

School District: _____

Immediate Supervisor and Title: _____

*I have been a member of NJAEOP for two consecutive years
and wish to enroll in the PDP.*

I expect to have completed the requirements for Certificates:

#1: _____

#2: _____

#3: _____

by _____

Enclosed is my check (payable to NJAEOP) in the amount of
\$_____.