

NCCAP Board Candidate Profile

Dear Candidate:

You have been selected as a candidate in the Election for 2006. To fulfill this commitment you are asked to provide the following information for the Nominating Committee. **The Committee will review your application and should your qualifications not meet the NCCAP requirements set forth in our by-laws, you will be notified by a member of the Committee and will not be considered for the current elections.**

This application must be returned to the Nominations Chair by September 1, 2005, to

Paula Miller, ADC/MCAD
NCCAP Nominations Chair
1929B Swope Drive
Independence, MO 64057
Phone: 816-257-0450
Fax: 816-257-2442
Email: Wwmiller1947@aol.com

Please Print Clearly or Type

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME PHONE: _____ BUSINESS PHONE: _____

_____*Thank you for your consideration, however, I am unable to make the commitment at this time for such a Volunteer Service position. Please remove my name from the selection process. (If interested in being nominated as a candidate for election continue application)*

Level of Certification: ACC _____ ADC _____ AAC _____ Certification # _____

Educations: High School _____ GED _____ Associate _____ Bachelor _____ Masters _____

Area of Certification or Special Study _____

College degree: BA, BS, MA, Ph.D (Circle highest and enclose proof of degrees you have received)

Major Studies _____

NCCAP Board Candidate Profile for Election 2005

Are you or have you been employed in the care and service of Senior Residents within the past two (2) years? _____ Yes _____ No

Position: Activity Director _____ Assistant _____ Consultant _____ or Volunteer Coordinator _____

Type of Facility or Community: SNF _____ AL _____ Retirement _____ Other _____

Facility or Community Name _____

Work Responsibilities _____

Instructor: NCCAP Basic/Advanced _____ MEPAP Course _____ College _____ Independent _____

Consultant: Independent _____ Corporation _____

Volunteer Experience _____

Are you active in your State/Local Activity Director organization: Yes _____ No _____

State/Local Association Name _____

Current/Past Offices held _____

Are you active in other professional organizations? (Please name/offices held)

Interest/skills _____

NCCAP Mission Statement:

Please relate how NCCAP has worked for you in your professional life and relate any aspirations you have if elected to the position.

To complete this profile all candidates are required to:

- Submit two (2) letters of recommendation.
- Enclose a copy of your NCCAP Certification card

Signed _____ **Date** _____
Candidate Signature

With my signature this is to verify that all information provided in this application is accurate and verifiable to the best of my knowledge.

Signed _____ **Date** _____
Nomination Chair

The NCCAP Board of Directors make all final decisions with regard to acceptance as a Board Candidate.

Additional comments may be included below.
(include additional pages if needed)