



National Certification Council for Activity Professionals

P.O. Box 62589, Virginia Beach, VA 23466-2589

www.nccap.org

757-552-0653

Application

The following information shall be kept in the **confidential** files of the National Certification Council for Activity Professionals. It shall be available to the Certification Review Committee and the Appeals Committee unless otherwise specified by the applicant.

Name _____ Today's Date _____
Last First Former or Maiden

Name as it should appear on Certificate/Card _____

Mailing Address _____

City _____ State _____ Zip _____ Home Telephone(____) _____

Name of Agency/Facility _____ Address _____

City _____ State _____ Zip _____ Office Telephone(____) _____

Social Security # _____ Fax Number:(____) _____ E-Mail _____

I prefer mail sent to: My home address _____ My work address _____

LEVEL OF CERTIFICATION REQUESTED (Check level and track):

Activity Assistant Certified
Track 1
Track 2
Track 3

Activity Director Certified
Track 1
Track 2
Track 3
Track 4

Activity Consultant Certified
Track 1
Track 2
Track 3

Activity Director Provisionally Certified (Check which THREE components you are submitting):
Modular Education Program for Activity Professionals (MEPAP) & 90-Hour Practicum, Part 1
Modular Education Program for Activity Professionals (MEPAP) & 90-Hour Practicum, Part 2
12 Semester College Credits
6000 Hours Work Experience
30 Hours Continuing Education

I will accept certification at another level if the level indicated above cannot be granted Yes No

REASON FOR APPLICATION REQUEST (Check one):

First request for certification	Re-Apply for Certification/ Certification Lapsed	Level change (NCCAP level and certification number): _____	Level change and recertification (NCCAP level and certification number): _____
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Check here if you **do not** wish your name published in the Certification Registry.

I give NCCAP permission to discuss the status of my application with my employer, supervisor or instructor. Yes No

PRACTICE SETTING: (Please check the appropriate setting)

- Nursing Facility
- Adult Day Care/Community-Based Services
- Independent, Assisted Living, Board and Care Home
- CCRC/Multilevel Care Facility
- Consultant/Educator
- Other: _____

REFERRED BY (Person) _____
REFERRED BY (Assocr.) _____

I have been an activity professional for _____ years.

I have the following academic preparation: (Please indicate the highest level)

(GED)	High School Diploma	Some College Credits (Enter number on Line) _____
Associate's Degree	Bachelor's Degree	Master's Degree Doctorate

Concentration of College Work: (e.g.. Social Work, Recreation) _____

In addition to being certified by NCCAP, I am nationally certified with: _____

CONSULTING E x p e r i e n c e

This page is to be completed by persons applying for consultant level certification. Applicable experience is defined in Definitions Page 7. All columns must be completed for each type of consulting. You may consolidate appropriate hours and dates. Examples:

1) 5/1/96-5/1/97	XYZ Corporation (312-555-5555)	40 hours/week 2080 hrs. total	Central Div. Act. Advisor to 40 facilities
2) 4/1/96-8/1/96	Illinois Dept of Health (312-222-2222)	90 Hours	Taught NAAP/NCCAP 90-Hour Basic Education Course for Activity Professionals
3) 8/1/97-8/1/98	XYZ Facility (312-999-9999)	4 hours/month 48 hrs. total	Provided consultation for activity staff

If you need more space, make a copy of this page first.

DATE/S OF SERVICE OR PUBLICATION DATE PRESENTATION DATE	EMPLOYER NAME (FACILITY) & PHONE NUMBER OR SPONSOR'S NAME	HOURS OF CONSULTING NUMBER OF WORDS LENGTH OF PRESENTATION	DESCRIBE DUTIES

SEE DEFINITIONS PAGE 7. # 3 DOCUMENTATION OF CONSULTING EXPERIENCE.

TOTAL HOURS OF CONSULTING EXPERIENCE *This must be completed*
(within last 3 years)

SEND LETTERS, ARTICLES, BROCHURES ETC., VERIFYING CONSULTING EXPERIENCE WITH THIS APPLICATION

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PLEASE READ THE FOLLOWING SECTIONS. THE **DECLARATION AND NOTARIZATION OF NCCAP APPLICATION MUST BE SIGNED.**

Disclaimer

These standards and its certification program have been developed by NCCAP after years of surveying and research. By applying for certification, applicant tacitly agrees to the standards. By applying for certification, applicant expressly waives any right of law for redress or compensation due to failure to obtain certification by NCCAP. (Applicant acknowledges NCCAP certification as voluntary and that applicant's failure to obtain certification does not effect his or her right to obtain gainful employment.)

Declaration

I acknowledge that it is my responsibility:

1. To keep the NCCAP office informed of any name or address change
2. To keep my certification current by renewing every two years before the expiration date.

I further understand that NCCAP will remind me of my need to send in my completed renewal form, documentation and fee. I then have:

1. at least 60 days in which to submit my form and fee and if I am delinquent in my response past the 60 day grace period NCCAP has the following policy:
 - a. My file will be kept for one calendar year past the expiration date. During this reinstatement period I am not permitted to use my certification, title or claim, to be certified with NCCAP.
 - b. My certification will be suspended 2 months after the expiration date and my name removed from the NCCAP registry.
 - c. At the end of the reinstatement period my file will be destroyed.
 - d. If I fail to respond within the year past my date for renewal and want to become a Certified Activity Professional after this point, I must begin the initial process of certification under the current certification standards and fees.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the certification process can lead to NCCAP's refusal to certify me. By signing below, I consent to NCCAP checking references, verifying information, and obtaining any other reports it may deem necessary to evaluate my application. I agree that by signing this declaration, I will hold NCCAP harmless from any result of such reference checks.

Applicant's Signature _____

Date _____

Notarization of NCCAP Application

I, _____, a Notary Public, hereby certify that on the ____ day of _____, 20____, personally appeared before me _____, who signed the foregoing document as the applicant, and declared that the statements contained therein are true.

Notary Public

commission expires

(for notarization seal)

Fees

Activity Consultant Certified (ACC)	\$75.00
Activity Director Certified (ADC)	\$65.00
Activity Director Provisionally Certified (ADPC)	\$60.00
Activity Assistant Certified (AAC)	\$55.00
Level Change	\$40.00

Persons 65 years and older should submit proof of age to receive a \$5.00 discount.
If your check is returned for insufficient funds, an additional fee will be charged of \$35

PAYABLE TO: National Certification Council for Activity Professionals, or NCCAP

SEND: Check, Money Order, No cash.

MAIL WITH APPLICATION TO: NCCAP

P.O. Box 62589

Virginia Beach, VA 23466-2589

For assistance call: **(757) 552-0653**

PLEASE NOTE: Checks are deposited upon receipt. This does not mean certification has been granted. If you are not successful, your certification fee minus the \$35 processing fee may be refunded by written request only.

APPLICATION Checklist

Please make a copy of your application and all attachments for your files.

Is application **completely, legibly** (neatly) and **accurately** filled out?

Have you included:

all original pages of application 1-7 **typed** or **printed** legibly and intact. (You must complete each applicable section on the application form. Answering “see attached” is **NOT ACCEPTABLE**. Your application will be returned.)

documentation of CE? (Copies only—originals will not be returned.)

signature? (Declaration and notary.)

high school diploma or GED for any level.

official transcripts or copy of letter requesting transcripts enclosed.

verification letter(s) of activity employment experience? (The original on letterhead.)

verification letter(s) of consulting experience? (The original on letterhead), brochures, articles

notarization?

check or money order? **If your check or money order is mailed separate from the application, make sure your name appears on the check. State name of facility/company sending the check _____.**

MAINTAIN A COMPLETE COPY OF THIS APPLICATION, ALL CERTIFICATION STANDARDS AND ALL ATTACHMENTS IN YOUR FILES!

CERTIFICATION Review Process

You may opt to mail the application by certified mail (return receipt requested) to assure it has been received. Sending applications overnight will not expedite the review process.

When an Application is received at the NCCAP office, The staff will:

- determine if the application documentation is complete:
- Send application file to the Certification Review Committee (CRC). The CRC is a team of Activity Consultants Certified who: carefully review every aspect of the application, grant or deny certification based upon NCCAP standards. CRC returns the application file to the NCCAP office with a decision.
- If application and supporting documentation is not accurate, complete or legible, it will be returned requesting more information.
- the NCCAP office notifies you of CRC’s decision (usually within 12 weeks).
- approved applicants will receive a certificate, certification card, Bylaws, Code of Ethics, pin order form, and a welcome letter.

If certification is denied, a letter is sent stating the reason for denial. There are three recourses for you, the applicant:

1. Meet the standards by:
 - a. obtaining academic education, or proof of such
 - b. obtaining activity and/or consulting experience, or proof of such
 - c. obtaining continuing education or proof of such and then re-apply**OR**
2. Prepare a typed appeal within 60 days of receipt of the denial of certification. This appeal should be mailed to the NCCAP office. The Appeals Committee will review appeals and render a decision.
OR
3. Accept the denial

Pending or denied applications will be maintained on file for 6 months. The application fee minus the \$35 processing fee will be refunded by request only.

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