



INITIAL ACTIVITY CERTIFICATION APPLICATION

APPLICANT INFORMATION

All information must be properly filled out. Any missing information will cause a delay in the review process of application.

Legal Full Name:

Date of Birth:

Last 4 of SSN:

Phone:

Mailing address:

City:

State:

ZIP:

Personal Email:

REASON FOR APPLICATION REQUESTION

First Time Application:

Level of Certification: (select one)

Activity Professional Certified (APC)

Activity Director Certified (ADC)

Activity Consultant Certified (ACC)

Applying for New Specialization

Submission of 10 CE's Required for each specialization requested.

Specialization(s) I am applying for:

Memory Care (MC)

Education (EDU)

Assisted Living (AL)

Home Care (HC)

Person Centered Care (PC)

Adult Day Services (AD)

National Exam Request

(Mandatory for ADC & ACC certification levels. \$90 fee in addition to application fee)

MEPAP 1 & 2 MUST BE COMPLETED IN ORDER TO QUALIFY FOR EXAM



I understand I will be granted another level of certification if the requested level of certification requirements cannot be met.



I acknowledge there is a **\$30 processing fee** if I decide to withdraw from the application process and/or cannot meet the Certification Level requirements. This fee will be deducted from the refunding credit.

MODULAR EDUCATION PROGRAM FOR ACTIVITY PROFESSIONALS (MEPAP)

MEPAP 1- APC

Date Completed:

Instructor:

MEPAP 2- ADC

Date Completed:

Instructor:

Verification of Completion from MEPAP Course

All Certification Levels require completion of at least MEPAP 1, *except* for Equivalency Track and Experiential Track.

Attach a copy of the Certificate of Completion for each MEPAP class completed.



EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
City:	State:	ZIP:
Work Number:	Fax Number:	Position:
Work Email address:		

ADC and ACC Applicants
Documentation Required for Verification of Activity Experience
 Must accompany this application to verify your Activity Experience. Submit your letter(s):

1. On Official Facility or Agency Letterhead Stating:
 - Your Work Title
 - Full Time, Part Time, or Volunteer
 - Dates of beginning and end of Activity employment
 - Actual Number of hours worked with facility
 - At least 50% must be directly working with activity programming and documentation.
 - No more than 50% can be indirectly working with activities such as Restorative, CAN, Dietary Aide, Rehab.
 - No more than 30% can be volunteer work with activity programming.
2. Signed by the Administrator, Program Director, or Supervisor
 Sample Activity Experience letter available on NCCAP.org

EDUCATION			
Highest Education Completed: (select one)			
	<input type="checkbox"/>	High School/GED	
	<input type="checkbox"/>	Associates	
	<input type="checkbox"/>	Bachelors	
	<input type="checkbox"/>	Masters	
	<input type="checkbox"/>	Doctorates	
Educational Institute:			
Education Institute's Full Address:			
City:	State:	Zip:	Country:

Education

- a. Minimum Level of education required is High School Diploma or GED.
- b. All subject areas of degrees and college course with grade "C" or higher are accepted and must come from an accredited college or university.
- c. There is no time limit for college degrees or credits.
- d. May require non-US degrees or transcripts be verified by an accrediting agency.



ACTIVITY CONSULTING EXPERIENCE
For ACC Applicants only

200 Hours of consulting experience within past **3 years** may be earned by provided 1:1 activity consultation or teaching a class or workshop subject to:

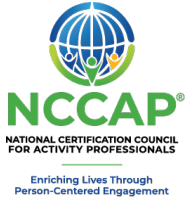
1. 1- Hour actual teaching time.
2. Count only the first-time class or workshop is delivered.
3. Subject matter must be from the NCCAP body of knowledge.
4. As part of teaching the MEPAP.
5. Acting as a MEPAP Practicum Supervisor can count up to 20% of 200 (40 hours).
6. Proof of articles published in national or state publications, in print or online, qualify as 1 hour for each 500 words and can count up to 20% of 200 (40 hours).
7. 40 hours must be done outside current place of employment.
8. 40 hours must be direct activity consulting.
9. Proof of consulting experience must be on official letterhead and include start and end dates, description and number of consulting hours, and signed by the Administrator, Program Director, or Supervisor.
10. Proof of class or workshop must include title of course, date and location offered, number of clock hours and copy of certificate of completion awarded.

HOW DID YOU HEAR ABOUT NCCAP?
(Check all that applies)

	Referral from Friend/ Co-Work/ Place of Employment
	Facebook
	Instagram
	Google Search
	MEPAP Instructor (please list):
	Other (please specify):



1. INITIAL ACTIVITY PROFESSIONAL CERTIFICATION FEES	
<i>Activity Professional Certifications are valid for 2 years.</i>	
Processing and review time for initial application can take up to 4 weeks from submission	
A. Activity Professional Certified (APC)	\$60.00
B. Activity Director Certified (ADC) including Professional Equivalency Track	\$180.00
C. Activity Consultant Certified (ACC)	\$215.00
D. Fast Track Fee (for processing within 5 business days from submission)	\$55.00
E. Processing fee due to withdrawal from Application Process	\$30.00
2. SPECIALIZATIONS FEES	
<i>Specializations are valid for 2 years and require an Activity Professional Level of Certification.</i>	
<i>Specializations are due for renewal at the same time your Activity Professional Certification expires.</i>	
<ul style="list-style-type: none"> • Assisted Living (AL) • Education (EDU) • Memory Care (MC) 	<ul style="list-style-type: none"> • Adult Day Services (ADS) • Home Care (HC) • Person-Centered (PC)
A. Initial Specialization	\$25.00 per each specialization
3. ADMINISTRATIVE FEES	
A. Non-Sufficient Funds Check (in addition to application fee)	\$55.00
B. Submission by Fax	\$10.00
C. NCCAP Certificate Order Mailed via USPS	\$20.00
D. National Exam retake (cost is per retake if needed)	\$90.00



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DISCLAIMER AND DECLARATION

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 comply with these 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 that applicant's name will be placed on the NCCAP registry. Applicant acknowledges NCCAP certification as voluntary and the Applicant's failure to obtain Certification does not affect Applicant's rights to obtain gainful employment.

Declaration

I acknowledge that it is my responsibility:

- To notify NCCAP of any changes to my legal name or contact information and in particular my current email address as this is NCCAP's primary communication path.
- To keep my Certification current by renewing every two years before the expiration date.

If any information is missing or needed, I understand I have **thirty (30) days** to submit the requested information from date of first contact from NCCAP. If I am delinquent in my response, NCCAP has the following policy:

- Application will remain in pending review status due to failure to comply with request.
- After third unsuccessful contact attempt NCCAP will no longer contact you and it is up to the applicant to contact NCCAP.
- On the **31st day** of pending review status, the application is withdrawn, and processing fees are forfeited. You will then need to start a new application process if a certification is desired.

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. While certification promotes and maintains quality, it does not license or confer a right or a privilege upon you or otherwise define the qualifications of any healthcare professional. 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.

PAYMENT TYPE:	<input type="checkbox"/> PERSONAL / FACILITY CHECK (CHECK NUMBER _____) <input type="checkbox"/> FACILITY CHECK BEING MAILED IN SEPARATELY *RENEWAL PROCESS WILL NOT BEGIN UNTIL PAYMENT HAS BEEN RECEIVED* <input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS CARD NUMBER: _____ EXPIRATION DATE: _____ CVV: _____ BILLING ZIP: _____
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Payment of application fee does not guarantee that certification will be granted and is used to cover the administrative cost of processing, reviewing and evaluating the application.

Please allow 4 weeks for your initial application to be processed. During this time your online profile is not accessible.

Signature of Applicant: _____	Date: _____
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