

ACTIVITY CERTIFICATION RENEWAL & LEVEL CHANGE APPLICATION

| APPLICANT INFORMATION | | | | | | |
|----------------------------|--|---------------------------------------|---------------------------|--|--|--|
| | properly filled out. Any missing informa | ation will cause a delay in the revie | w process of application. | | | |
| Legal Full Name: | | | | | | |
| Date of Birth: | Last 4 of SSN: | Phone: | | | | |
| Mailing address: | · · · | | | | | |
| City: | State: | ZIP: | | | | |
| Personal Email: | | | | | | |
| | REASON FOR APPLICA | TION REQUESTION | | | | |
| Certification Renewal: | | | | | | |
| | Level of Contifications (coloct and) | | | | | |
| | Level of Certification: (select one) | | | | | |
| | Activity Professional Certified | | | | | |
| | Activity Director Certified F | | | | | |
| | | - | | | | |
| | Activity Consultant Certified (ACC) | | | | | |
| | Specialization(s) Renewal : | | | | | |
| | MC- Memory Care | | | | | |
| | EDU- Education AL- Assisted Living | | | | | |
| | | | | | | |
| | HC- Home Care | | | | | |
| | PC- Person Centered Care | | | | | |
| | AD- Adult Day Se | rvices | | | | |
| Applying for New Specializ | zation: | | | | | |
| | Specialization(s) I am applying for: | | | | | |
| | Memory Care | | | | | |
| | Education | | | | | |
| | Assisted Living | | | | | |
| | Home Care | | | | | |
| | Person Centered Care | | | | | |
| | AD- Adult Day Services | | | | | |
| Level Change Request: | Certification Level Requested: | | | | | |
| | ADC – Activity Director Certi | fied | | | | |
| | ACC- Activity Consultant Cer | tified | | | | |
| National Exam Request: | I have taken and passed my | National Exam on | (Test Date) | | | |
| | I need to take the National | Exam. | | | | |
| | \$90 National Exam Fee. | | | | | |
| | MEPAP 1 & 2 MUST BE COMPLETED IN | ORDER TO QUALIFY FOR EXAM | | | | |
| | I acknowledge there is a \$30 process | - | n the application process | | | |
| | and/or cannot meet the Certification | • | | | | |
| | This fee will be deducted from the re | funding credit. | | | | |



1201 Connecticut Ave, Suite 600, Washington DC 20036 | info@nccap.org

| EMPLOYMENT HISTORY | | | | | | |
|-----------------------------|-----|--------|-----------|-------------|------|--|
| Are you currently employed? | Yes | No | Position: | | | |
| Employer: | | | | | | |
| Work Address: | | | | | | |
| City: | | State: | | | ZIP: | |
| Work number: | | | | Fax Number: | | |
| Work Email address: | | | | | | |

| REQUIRED CONTINUING EDUCATION (CE) | | | |
|------------------------------------|---|--|--|
| Activity Professional C | Certification: 10 Clock Hours | | |
| Activity Director Certi | fication Provisional: 20 Clock Hours | | |
| Activity Director Certi | fication: 20 Clock Hours | | |
| Activity Consultant Ce | ertification: 30 Clock Hours | | |
| Specializations: 10 Clo | ock Hours for each Specialization (non-transferable) | | |
| AUDITING PROCESS | | | |
| | - It is not necessary to send CE Certificates with this renewal application. Submitting proof of | | |
| | required CE hours at time of renewal submission will remove you from the auditing pool. | | |
| | - To ensure quality and verify compliance, NCCAP periodically audits submissions to verify | | |
| | compliance with CE requirements. | | |
| | - If you are selected for audit, you are required to provide the required CE Certificates and/or | | |
| | related supporting documents within (10) days from the date of the emailed audit notice or a \$55 | | |
| | Late Fee will be subjected to the renewal. | | |



National Certification Council for Activity Professionals Enriching Lives Through Person-Centered Engagement

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| RENEWAL ACTIVITY PROFESSIONAL CERTIFICATION FEES | | | | |
|--|-----------------------|--|--|--|
| Activity Professional Certifications are valid for 2 years. | | | | |
| Renewal Email Notices are sent 120 days prior to your expiration date and sent monthly ther | eafter. If you do not | | | |
| receive a Renewal Email Notification please call NCCAP to verify we have your corr | ect email. | | | |
| Processing & Review time for Renewal Applications can take up to 4 weeks from su | ıbmission. | | | |
| A. Activity Professional Certified (APC) | \$60.00 | | | |
| B. Activity Director Certified Provisional (ADCP) | \$75.00 | | | |
| C. Activity Director Certified (ADC) | \$75.00 | | | |
| D. Activity Consultant Certified (ACC) | \$90.00 | | | |
| E. Late Fee for Renewals submitted after expiration date | \$55.00 | | | |
| F. Late Fee due to unable to meet Audit request within 10 days | \$55.00 | | | |
| G. Fast Track Fees for processing within 3 busines days from submission | \$55.00 | | | |
| H. Processing Fee due to withdrawal from Application Process | \$30.00 | | | |
| SPECIALIZATIONS (IF APPLICABLE) | | | | |
| Specializations are valid for 2 years and require an Activity Professional Level of Certification. | | | | |
| Specializations are due for renewal at the same time your Activity Professional Certification expires. | | | | |
| Assisted Living (AL) Adult Day Services (ADS) | | | | |
| Education (EDU) Home Care (HC) | | | | |
| Memory Care (MC) Person-Centered (PC) | | | | |
| A. Initial Specialization\$25.00 per each specialization | | | | |
| B. Renewal Specialization \$15.00 per each specialization | | | | |
| LEVEL CHANGE FEES | | | | |
| Level Change to ADC or ACC requires taking and passing the National Exam. | | | | |
| Processing & review time for Level Change applications can take up to 4 weeks from submission. | | | | |
| Level Change does not change the initial date of expiration issued. | | | | |
| Renewal timeframe opens 120 days prior to expiration date. | | | | |
| A. Level Change Outside Renewal Timeframe APC/ADCP to ADC | \$30.00 | | | |
| B. Level Change Outside Renewal Timeframe ADC to ACC | \$55.00 | | | |
| C. Level Change at the time of Renewal | Renewal Fee | | | |
| D. Fast Track Fee for processing within 3 business days from submission | \$55.00 | | | |
| E. Processing Fee due to withdrawal from Application Process | \$30.00 | | | |
| ADMINISTRATIVE FEES (IF APPLICABLE) | | | | |
| 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 \$15.00 | | | | |



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DISCLAIMERANDDECLARATION

Affirmation of Required CE Hours

I have fully completed my required Continuing Education clock hours on relevant topics from the NCCAP Body of Knowledge during the 24-month period since my last certification renewal. I affirm that the information put forth on the Activity Certification Renewal form is true and complete to the best of my knowledge. I further acknowledge that if the information supplied on this form is willfully false, I am subject to disciplinary action including certification suspension and revocation.

Declaration

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 **ninety (90) 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 <u>90th</u> day of pending review status, the application is withdrawn, and all fees are forfeited. You would then need to start a new application process.

I understand that after my Activity Professional certification expiration has occurred, I have up to **one (1) year** to renew with all the appropriate fees and documents. During this time my certification will remain in a lapsed status. After the one year mark your certification is no longer valid and you will need to submit application under new applicant, submit all supporting documents as stated in the Certification Standards, and submit the stated applicant fees.

Late Fee

NCCAP charges a **\$55 Late Fee** for renewal applications that are post-marked or received online after your expiration date. Please note your certification expires on the date it was originally earned and remains constant regardless of when actual renewal occurs. You are required to submit a fully completed renewal application and pay the fee by your expiration date. When applying a Late Fee, NCCAP takes into consideration the multiple attempts we make to notify you via email, phone and mailed notification card, the completeness of your application, the payment of your fee and the communications we receive from you at the time of renewal.

| Payment Type: | | | | | | |
|-------------------------|---|---------------------------------------|--------------|--|--|--|
| (Select one) | Personal Check (Check # |) | | | | |
| | Company's Check (Check #) Company's Check (Sent Separately) | | | | | |
| | | | | | | |
| | (Review process will not begin until payment is received.) | | | | | |
| | Credit Card: VISA MASTER | Credit Card: VISA MASTERCARD DISCOVER | | | | |
| | Card Number: | | | | | |
| | Expiration Date: | CVV: | Billing Zip: | | | |
| | does not guarantee that certification will be reviewing and evaluatii reviewing and evaluatii | ng the application. | | | | |
| Signature of Applicant: | | | Date: | | | |