



National Certification Council for Activity Professionals

National Center for Montessori and Aging
3015 Upton Drive Ste 103
Kensington, Maryland 20895 USA
T: 757-552-0653 E: info@nccap.org

CONTINUING EDUCATION (CE) APPLICATION:

NEW COURSE APPROVAL, COURSE RENEWAL, AND "APPROVED CE EDUCATOR" STATUS

Please print, complete and email this application with payment to: info@nccap.org

REQUIREMENTS

1. All educational courses intended to meet the Continuing Education (CE) requirements of NCCAP Certifications and Specializations will receive a NCCAP CE approval number upon approval.
2. **New Course.** All new education courses require that **all** information and documentation be submitted along with payment of a new course fee based on the number of clock hours:
 - A. 1-8 clock hours: **\$57**
 - B. 8.5-16.5 clock hours: **\$77**
 - C. 17-25 clock hours: **\$127**
 - D. 25.5 or more clock hours: **\$177**
3. **Renewal.** Courses approved the previous year requires a completed application and any documentations that have been changed per previous submission along with payment of the **\$50.00** renewal fee. (Courses submitted after the expiration date will be subjected to late fee)
4. **Fast Track.** To obtain a NCCAP CE approval number for an educational course within 72 business hours upon submission requires an additional **\$55 Fast Track Fee.**
Any educational courses that are submitted less than 30 days of the course date are subjected to a **\$55 Fast Track Fee.**
5. **Approved CE Educator Status.** NCCAP offers the Approved CE Educator status to help advance and promote CE courses with the following benefits:
 - A. Use of the NCCAP "Approved CE Educator" emblem for marketing and promotion on any course Educator is instructing.
 - B. Posting on NCCAP website to include Educator's name , contact details, and the course direct link.
 - C. On organization's website please ensure all NCCAP approved courses are available on one webpage so NCCAP can post up the direct link for the Activity Professionals.
 - D. Approved Educator fee: **\$50.00** per year, renewable.

POLICY FOR USE OF "APPROVED CE EDUCATOR" EMBLEM

As an "Approved CE Educator", NCCAP grants a limited one-year right to use the NCCAP Approved CE Educator Emblem to promote the course(s) for which you have obtained NCCAP CE approval.

The Emblem must not be altered, modified or changed in any way and must not be used to misrepresent your affiliation with NCCAP as solely an "Approved CE Educator".

Contact NCCAP with any questions: info@nccap.org.



National Certification Council for Activity Professionals

National Center for Montessori and Aging
3015 Upton Drive Ste 103
Kensington, Maryland 20895 USA
T: 757-552-0653 E: info@nccap.org

Select which is applicable:

_____ **New CE Application:** Complete entire form. Previously approved courses that have not been delivered for more than one year are required to submit a new application.

_____ **Renewal:** Complete entire form and submit any documentations that have been changed.
Course Approval Number: _____

_____ **Approved CE Educator:** I wish to become an "Approved CE Educator" and will submit my credentials, proof of education level and curriculum vitae.

_____ **Fast Track Fee:** Educational course is submitted less than 30 days of course date.

***Please state how you would like to be represented on the Approved CE Educator list:**

Course Instructor: _____ Title(s): _____

Organization: _____

Is this course in person/online: If in person, City _____ State _____

Email: _____

Phone: _____

NCCAP Approved Course Link: _____

REQUIRED INFORMATION

Date of Application _____

Name of Educator: _____

Name of Organization: _____

Organization's Address: _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Title of Educational Course: _____

Requested Number of Clock Hours: _____ Body of Knowledge Topic(s): _____

Location of Educational Course: _____

Delivery Method (circle all that apply):

In-Person Course , Multi-day Conference/Seminar, Live Webinar , On-Demand Course, Pre-Recorded Webinar, Independent Study Other: _____

How Will Records Be Maintained? _____

How Will Certificates of Attendance Be Distributed? _____

Date(s) of Educational Course: _____, _____, _____

Will this course be repeated in 12 months? YES/NO



National Certification Council for Activity Professionals

National Center for Montessori and Aging
3015 Upton Drive Ste 103
Kensington, Maryland 20895 USA
T: 757-552-0653 E: info@nccap.org

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION

1. Purpose and Learning objectives of the course
2. Publicity tool and/or Brochure of the course
3. Course Time Outline including breaks, lunch and/or non-instructional time
4. Educator(s) name and a brief description of credentials and qualifications
5. Copy of certificate of attendance presented to participants
6. Course Evaluation tool to be used by participant

ON-DEMAND and PRE-RECORDED WEBINARS only

In addition to the required supporting documents listed above you will need to submit the additional following documents:

7. Course Summary to be completed by participants
See page 5 for an example of Course Summary form
 - Summary must consist of a minimum of 150 words
 - Summary to be verified by Organization before issuing a Certificate of Attendance
 - Organization must keep a copy of summary in any case of an audit
8. Post-Test with at least 10 questions and answer keys

INDEPENDENT STUDY only

In addition to the required supporting documents # 1- 6 you will need to submit the additional following documents:

9. (3) Evaluations from unbiased party
See page 6 for an example of the Evaluations form
 - unbiased party constitutes that participants do not work for the Presenting Organization or have a non-professional relationship with organization or educator(s)
10. Post-Test with a minimum of 10 questions and answer key



National Certification Council for Activity Professionals

National Center for Montessori and Aging
3015 Upton Drive Ste 103
Kensington, Maryland 20895 USA
T: 757-552-0653 E: info@nccap.org

DECLARATION

I have reviewed and will comply with NCCAP Continuing Education policies and will communicate these requirements to all instructors, sponsors and participants to assure compliance with NCCAP standards and requirements. Understanding that payment of application fee does not guarantee that approval will be granted and is used to cover the administrative cost of processing, reviewing and evaluating the application.

Name

Title

Signature

Date

PAYMENT

- 1. Credit Card:
VISA, MASTERCARD, or DISCOVER

I authorize NCCAP to charge my credit card for charges associated to my application:

Credit Card Number: _____

Expiration Date: _____

CVS on back of card: _____

Zip Code associated with this card: _____

The NCCAP Education Committee will review this application and attachments to determine that NCCAP standards are met.
Review process can take up to 4 business weeks from the date of submission.



National Certification Council for Activity Professionals

National Center for Montessori and Aging

3015 Upton Drive Ste 103

Kensington, Maryland 20895 USA

T: 757-552-0653 E: info@nccap.org

FORMAT SAMPLE

CE SUMMARY VERIFICATION

ALL INFORMATION REQUIRED FOR CE CREDIT – KEEP A COPY FOR YOUR RECORDS

1. Participants Name:

2. Course Title:

3. Date Course Taken:

4. Time Length of this course:

5. Write a detailed **150-word summary** of the content covered by this course (typed or hand-written):

REQUIREMENTS OF SUMMARY:

- Summary must consist of a minimum of 150 words
- Summary to be verified by Organization before issuing a Certificate of Attendance
- Organization must keep a copy of summary in any case of an audit



National Certification Council for Activity Professionals

National Center for Montessori and Aging
3015 Upton Drive Ste 103
Kensington, Maryland 20895 USA
T: 757-552-0653 E: info@nccap.org

DOCUMENTATION OF COURSE HOURS

Please have three (3) unbiased parties complete this form to verify course hours.

Name: _____

Email: _____

Phone Number: _____

Title of Course: _____

Date Taken: _____

Duration of Course: _____

Remarks:

I hereby affirm this information is true and I am an unbiased party in relation to educator(s) and/or organization. Any information found to be falsified will result in non-approval of this Continuing Education Course.

Signature of Individual

Date