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, plus hourly plan and detailed summary of content with learning objectives.
   D. 25.5 or more clock hours: $177, plus hourly plan and detailed summary of content with learning objectives.

3. **Renewal.** Courses approved the previous year require completed application and any documents that have been changed since previous submission along with payment of the $50.00 renewal fee.

4. **Fast Track.** To obtain a CE approval number for an educational course within 72 business hours upon submission requires an additional $55 Fast Track Fee.
   **Educational courses submitted less than 30 days before the course date are subject 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
   B. Posting on NCCAP website to include Educator’s name, organization, 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.

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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: I would like my Approval Number within 72 business hours.

*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 this Application __________________________
Name and Title of Educator: ___________________ ________________________________
Name of Organization: ________________________________ _________________________
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):
Lecture , Hands-On , Demonstration , Live Webinar , On-Demand Course, 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

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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. Evaluation tool to be used by participant
7. 3 evaluations from unbiased party stating total educational hours *(ON DEMAND ONLY)*
   SEE PAGE 4 FOR DOCUMENTATION OF COURSE HOURS SAMPLE
8. Post-Test with a minimum of 10 questions and answer key *(ON DEMAND ONLY)*

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.

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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.

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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:

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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