NCCAP CERTIFICATION VERIFICATION

It is the policy of NCCAP to verify the certification status of a member when requested. The name and certification number of the member are provided.

Please fill the information below and email to info@nccap.org for verification.

The purpose of this document is to verify the status of the certification and expiration date of the following individual:

INDIVIDUAL TO BE VERIFIED:

\[
\begin{array}{|l|}
\hline
\text{□ THIS INDIVIDUAL IS CURRENTLY CERTIFIED.} \\
\text{CERTIFICATION LEVEL: ____________________________} \\
\text{EXPIRATION DATE: ____________________________} \\
\text{(Note that NCCAP requires Certification Renewal every 2 years)} \\
\hline
\end{array}
\]

\[
\begin{array}{|l|}
\hline
\text{□ NCCAP DOES NOT HAVE A RECORD THAT MATCHES THIS INFORMATION.} \\
\text{PLEASE VERIFY THE NAME AND CERTIFICATION NUMBER WITH THE INDIVIDUAL.} \\
\hline
\end{array}
\]

\[
\begin{array}{|l|}
\hline
\text{REQUESTOR: ______________________________________________________} \\
\text{EMAIL: ______________________________________________________} \\
\text{REASON FOR REQUEST: ___________________________________________} \\
\hline
\end{array}
\]

AUTHORIZED NCCAP SIGNATURE: ____________________________

AUTHORIZED NCCAP NAME PRINTED: ____________________________

TODAY’S DATE: ____________________________________________

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