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

HOME CARE CERTIFICATION APPLICATION (HCC)

Name:		
Date of Birth:	**Last 4 of SS#:**	**Phone:**
Address:		
City:	**State:**	**ZIP Code:**
Email:		**Today's date:**

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		**How long?**
Phone:	**E-mail:**	**Fax:**
City:	**State:**	**ZIP Code:**
Position:		

SUPPORTING DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION (INITIAL EACH BOX)

	I have included a copy of either my GED, High School Diploma or official college transcript
	I have included a letter stating the number of hours of work experience on company letterhead and with the contact person of the company. Requirement: at least 6 months and/or 1000 hours of experience
	I have included copies of certificates of Continuing Education (CE) for a total of 20 hours
	I have included a copy of my HCC Course Completion Certificate
	I have included my $30.00 payment for HCC application and understand that Certification is good for 1 year and must be renewed annually by submitting 20 additional Continuing Education (CE) hours and paying the $30 renewal fee

Example of acceptable experience letters and certificates for Continuing Education (CE) are provided for your reference.

DO NOT SEND ORIGINALS

1st STEP: CREATE A PRIVATE AND SECURE INDIVIDUAL ONLINE ACCOUNT ON: WWW.NCCAP.ORG

2nd STEP: UPLOAD ALL REQUIRED APPLICATION DOCUMENTS INTO YOUR ONLINE ACCOUNT

OR SEND VIA US MAIL TO: NCCAP, 3015 Upton Drive, Ste 103, Kensington, MD 20895

FOR ASSISTANCE: (757) 552-0653 or Email: info@nccap.org

PAYMENT

PAYABLE TO: National Certification Council for Activity Professionals or NCCAP.

CREDIT CARD: Pay through our secure online payment portal on www.nccap.org.

US MAIL: Check, Cashier's Check or Money Order. Do not send cash.

If your check is returned for insufficient funds, a fee will be charged of $55.
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.

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DISCLAIMER

The Standards and Certification programs of NCCAP have been developed and revised through years of surveying and research. By applying for Certification, the applicant agrees to comply by and with these Standards. By applying for Certification, the applicant expressly waives any right of law for redress or compensation due to failure to obtain Certification by NCCAP. Applicant acknowledges NCCAP Certification as voluntary and that applicant's failure to obtain Certification does not affect his or her right to obtain gainful employment.

DECLARATION

I acknowledge that it is my responsibility:

1. To keep NCCAP informed of any name, address or email change.

2. To keep my Certification current by or before the expiration date.

I acknowledge that:

1. After completion of course requirements, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Certification.

2. After the expiration date of my Certification, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Renewal of my Certification.

3. If I am delinquent in my submission, NCCAP applies the following policy:

   A. My file will be kept for one (1) calendar year during which time I may complete any outstanding requirements for Certification or Renewal.
   B. I am not permitted to use my Certification title or claim until it is formally issued or renewed by NCCAP, nor during the time it has expired.
   C. My Certification will be suspended after the expiration date for Renewal and my nameremoved from the NCCAP registry.
   D. If I fail to respond within one (1) year after expiration of my renewal date and want tobecome Certified, I must resubmit all required documentation to verify compliance with Certification standards and fees.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the Certification process will lead to NCCAP's refusal to certify me. 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 hold NCCAP harmless from any result of such reference checks.

Applicant's Name (printed): _____

Applicant's Signature:_____Date _____

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SAMPLE LETTER OF EXPERIENCE

This template must be completed, placed on company letterhead and signed by an authorized person who verifies employment with your company. You must have a letter from each employer until you have satisfied proof of 6 months and/or 1000 hours of experience.

Date Written: _____

Applicant's Name: _____

Agency Name: _____

Applicant's Title: _____

Agency Address: _____

City:_____State:_____Zip: _____

Name and Title of Supervisor: _____

Employment: From_____to_____
(Month / Day / Year) (Month / Day / Year)

Check: Full-time_____Number of Hours per week: _____

Check: Part-time_____Number of Hours per week: _____

TOTAL HOURS WITHIN LAST 5 YEARS: _____

Signature and Title of person authorized to verify employment:

Name (print): _____

Title (print): _____

Signature: _____

Date:_____
(Month / Day / Year)

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Sample Certificate of Continuing Education Hours

_____
Name of Sponsor/Sponsoring Association

Certificate of Attendance

This is to document that

_____
Name of Participant

_____
Title of Education Session

for _____ clock hours on _____ at _____
Date City and State

Presented by:

_____ , _____
Instructor's Name Instructor's Credentials

Signature of sponsor or instructor: _____

NCCAP Pre-Approval Number (optional): _____

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