



## 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

# ACTIVITY CERTIFICATION APPLICATION

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Date of Birth: _____	Last 4 of SSN: _____	Phone: _____
Mailing address: _____		
City: _____	State: _____	ZIP: _____
Personal Email: _____		

Name as it should appear on Certificate: \_\_\_\_\_

*Please provide your Email address to ensure effective communication of NCCAP news and information as NCCAP strives to be a paperless office.*

### EMPLOYMENT INFORMATION

Current employer: \_\_\_\_\_

Employer address: _____	How long? _____
Phone: _____	Position: _____
City: _____	State: _____
Work Email address: _____	Fax: _____
	ZIP: _____

### Documentation Required for Verification of Activity Experience

Must accompany this application to verify your Activity Experience. Submit your letter(s):

1. On Official Facility or Agency Letterhead Stating:

- Your Work Title
- Dates of beginning and end of Activity employment within the last 5 years only
- That at least 50% of residents/clients are 55+ years of age (population must be based on the percentage and not the average number of residents)
- The actual total hours of Activity experience to the date of the letter (be specific and state the number of hours worked, for example, 20 hours a week).

2. Signed by the Administrator, Program Director or Supervisor.

Please note that the sample letter format found in the Certification Standards is designed to help you with this process.

### LEVEL OF CERTIFICATION

I am applying for:

_____	Activity Professional Certified (APC)
_____	Activity Director Certified (ADC)
_____	Activity Consultant Certified (ACC)



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**LEVEL OF CERTIFICATION (continued)**

	Activity Director Certified Provisional (ADCP)	
_____	Check at least 3 of the qualifying components you have met for Certification at ADCP level: _____ Modular Education Program for Activity Professionals Part 1 (cc 1-11) _____ Modular Education Program for Activity Professionals Part 2 (cc 12-20) _____ 12 college credit _____ 30 clock hours of continuing education _____ 6000 of activity experience	
I will accept another level of Certification if the above indicated could not be granted:	_____ Yes	_____ No

**REASON FOR APPLICATION REQUESTION**

_____	First Time Application
_____	I am Certified but applying for a Specialization
	Specialization(s) I am applying for : _____ Memory Care _____ Education _____ Assisted Living _____ Home Care _____ Person Centered Care

**ACADEMICS**

Name of High School:		
Address:		Date Graduated:
Name of College:		
Address:		
Dates Attended:	Date Graduated:	Highest Level of Education:

**Documentation needed to verify academic education. Please attach:**  
 A. Copy of High School Diploma or GED  
 B. OFFICIAL transcript from each college or university referred to in your application (Student copies are not accepted)  
 C. Foreign transcripts and credits received (College, University, State, Community, or Technical) must be accompanied by an official evaluation from an accredited US and Canadian College, University or Independent Agency

**MODULAR EDUCATION PROGRAM FOR ACTIVITY PROFESSIONALS (MEPAP)**

MEPAP Part 1 (cc 1- 11)	Date Completed:	Instructor:
MEPAP Part 2 (cc 12-20)	Date Completed:	Instructor:

**Verification of Completion from MEPAP Course**

All Initial Applications require MEPAP 1 (cc 1-11), except ADC Track 5  
 Attach copies of certificate of completion for each of the MEPAP classes you have completed



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## CONTINUING EDUCATION

Attach documentation for the required number of clock hours appropriate to the level of Certification for which you are applying. It is not necessary to submit all hours obtained, but only the amount required.

Activity Professional Certification: 20 Clock Hours

Activity Director Certification Track 1, 2 and 3: 30 Clock Hours

Activity Director Certification Track 4 & 5: 40 Clock Hours

Activity Consultant Certification: 40 Clock Hours

### Continuing Education for Specialization(s)

Attach documentation for the required number of clock hours appropriate to the Specialization(s) for which you are applying. It is not necessary to submit all hours obtained, but only the amount required.

## CONSULTING EXPERIENCE

\_\_\_\_\_ NUMBER OF HOURS COMPLETED FOR CONSULTANT LEVEL OF CERTIFICATION

### Documentation of consulting experience

- 1) On facility or program letterhead
- 2) Verify each aspect used as listed above
- 3) Letter(s) also verifies:
  - a) Employee title
  - b) Dates of beginning and end of employment (within the last 3 years only)
  - c) States actual total hours of experience to date of letter
  - d) Letter signed by administrator, program director, or supervisor

For all teaching submit copy of advertising document, copy of certificate of attendance, and verification that the session was presented including:

- a) Title of educational offering
- b) Date, time of day offered (3-15-2017, 1:00–3:00)
- c) Place of presentation
- d) Presenter's name and qualification for teaching: degree, or certification number, or experience



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## DISCLAIMER AND DECLARATION

### Disclaimer

These Standards and its certification program have been developed by NCCAP after years of surveying and research. By applying for certification, Applicant tacitly agrees to comply with these Standards. By applying for Certification, 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 the Applicant's failure to obtain Certification does not affect Applicant's right to obtain gainful employment.

### Declaration

I acknowledge that it is my responsibility:

- To notify NCCAP of any name or address change
- To keep my Certification current by renewing every two years before the expiration date.

I further understand that NCCAP will remind me of my need to send in my completed renewal form, documentation and fee.

I then have:

At least 60 days in which to submit my form and fee. If I am delinquent in my response, NCCAP has the following policy:

- My file will be kept for one calendar year past the expiration date. During this reinstatement period I am not permitted to use my Certification, title or claim to be certified with NCCAP.
- My Certification will be suspended after the expiration date and my name removed from the NCCAP Registry.
- If I fail to respond within the year past my date for renewal and want to become a Certified Activity Professional after this point, I must begin the initial process of Certification under the current Certification Standards and fees.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the Certification process can 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 will hold NCCAP harmless from any result of such reference checks.

Please visit [www.nccap.org](http://www.nccap.org) for fee Schedule.

**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: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**While certification promotes and maintains quality, it does not license or confer a right or a privilege upon you or otherwise define the qualifications of any healthcare professional. Please allow 4-6 weeks for your initial application to be processed.**