



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 Level Change Application

APPLICANT INFORMATION

| | | | | | |
|-----------------------|--|----------------|--|--------------|----------|
| Last Name: | | First Name: | | Middle Name: | |
| Today's Date: | | Last 4 of SSN: | | Phone: | |
| Current Home Address: | | | | | Apt. |
| City: | | State: | | ZIP: | COUNTRY: |
| Personal Email: | | | | | |

EMPLOYMENT HISTORY

| | | | | | |
|-----------------------------|----------------------|-----------------------|----------------------------------------|------|--|
| Are you currently employed? | Yes | No | What is your occupation or profession? | | |
| Name of Employer: | | | | | |
| Work Address: | | | | | |
| City: | | State: | | ZIP: | |
| Type of Agency: | Nursing Home _____ | Assisted Living _____ | Adult Day Care _____ | | |
| | Hospital _____ | CCRC _____ | Home Care Agency _____ | | |
| | Hospice Agency _____ | Rehab Center _____ | Other (Please list) _____ | | |

I acknowledge that my name will be placed on the NCCAP registry located on the web site. My address will not be shown on the NCCAP website. Initial: _____

What is your current level of Certification? AACP ___ APC ___ ADCP ___ ADC ___

What is the level of certification you are requesting? APC ___ ADC ___ ACC ___

YOU ARE ONLY REQUIRED TO SUBMIT INFORMATION PERTAINING TO THE UNMET REQUIREMENTS FOR YOUR LEVEL CHANGE

- Education Requirements:** Please include your High School Diploma or Transcripts
- Experience Requirement:** Please include your letter of experience that is on company letterhead
- Modular Education Program for Activity Professionals (MEPAP):** Please include MEPAP 1 and MEPAP 2 Certificates
- National Exam (initial which applies):**
 I just passed my National Exam. (NCCAP will verify testing sight)
 I need a "code" to take the National Exam as this is the only thing, I need to Level Change
- Continuing Education:** Please include the Continuing Education certificates you need for Level Change



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AFFIRMATION

I affirm that the information put forth in this Level Change application is true and complete to the best of my knowledge. I further acknowledge that if the information supplied on this form is willfully false, I am subject to disciplinary action including certification suspension and revocation.

Please sign indicating everything you have stated in this application is true:

Your signature: _____ Date: _____

MORE INFO?

I would like info on becoming an approved Modular Education Program for Activity Professionals (MEPAP) Trainer through the Train-the-Trainer class.

_____ I would like info on becoming Certified in Montessori.

_____ I would like info on becoming Certified in Validation.

PAYMENT. Fee for all Level Changes

CHECK. Mail a check or money order made out to "NCCAP" to our office:

NCCAP, NCMA 3015 Upton Drive, Ste 103, Kensington, Maryland 20895

CREDIT CARD. Pay online at NCCAP.ORG using our secure system or send us the following information:

Type of Card: Visa ___ MasterCard ___ AmEx ___ Discover _____

Last Name: _____ First Name: _____

Card Number: _____ Expiration Date: _____ CVV# _____

Credit Card billing address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Country _____

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.