



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

INITIAL ACTIVITY CERTIFICATION APPLICATION

APPLICANT INFORMATION

All information must be properly filled out. Any missing information will cause a delay in the review process of application.

Legal Full Name:		
Date of Birth:	Last 4 of SSN:	Phone:
Mailing address:		
City:	State:	ZIP:
Personal Email:		

REASON FOR APPLICATION REQUESTION

_____	First Time Application:
	Level of Certification: (select one) _____ Activity Professional Apprentice Certificate (APAC) _____ Activity Professional Certified (APC) _____ Activity Director Certified (ADC) _____ Activity Consultant Certified (ACC)
_____	I am Certified but applying for a Specialization
	Specialization(s) I am applying for : _____ Memory Care _____ Education _____ Assisted Living _____ Home Care _____ Person Centered Care
_____	National Exam Request: (Mandatory for ADC & ACC certification levels. \$90 fee in addition to application fee) MEPAP 1 & 2 MUST BE COMPLETED IN ORDER TO QUALIFY FOR EXAM
_____	I understand I will be granted another level of certification if the above indicated level of certification requirements are not met.

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 Certification Levels require at least MEPAP 1, except ADC Track 5
 Attach a copy of the Certificate of Completion for each MEPAP class completed.



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EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
City:	State:	ZIP:
Work Number:	Fax Number:	Position:
Work Email address:		
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: <ul style="list-style-type: none">Your Work TitleDates of beginning and end of Activity employment within the last 5 years onlyThat 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 up to the date of the letter (be specific and state the number of hours worked). 2. Signed by the Administrator, Program Director or Supervisor. (Sample Activity Experience letter available on NCCAP.org)		

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. Transcript from each college or university referred to in your application
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

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 Apprentice Certification: 20 Clock Hours
Activity Professional Certification: 20 Clock Hours
Activity Director Certification (Track 1, 2, and 3): 30 Clock Hours
Activity Director Certification (Track 4 and 5): 40 Clock Hours
Activity Consultant Certification: 40 Clock Hours
Specializations: 10 Clock Hours for each Specialization



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CONSULTING EXPERIENCE

_____ NUMBER OF HOURS COMPLETED FOR CONSULTANT LEVEL OF CERTIFICATION

Documentation of Consulting Experience

- A. On facility or program letterhead
- B. Verify each aspect of consulting experience used by submitting letter(s) to verifying:
 - i. Employee title
 - ii. Dates of beginning and end of employment only within the last 3 years
 - iii. Actual total hours of experience up to the date of the letter
- C. Letter signed by administrator, program director, or supervisor
- D. For all teaching submit copy of advertising document, copy of certificate of attendance, and verification that the session was presented include:
 - i. Title of educational offering
 - ii. Date, time and number of clock hours offered
 - iii. Location of presentation
 - iv. Presenter's name and qualification for teaching: degree, 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 changes to my legal name or contact information and in particular my current email address as this is NCCAP's primary communication path.
- To keep my Certification current by renewing every two years before the expiration date.

If any information is missing or needed, I understand I have **sixty (60) days** to submit the requested information from date of first contact from NCCAP. If I am delinquent in my response, NCCAP has the following policy:

- Application will remain in pending review status due to failure to comply with request. After third unsuccessful contact attempt NCCAP will no longer contact you and it is up to the applicant to contact NCCAP.
- On the 60th day of pending review status, the application is withdrawn and all fees are forfeited. You would then need to start a new application process.

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. 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. 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 for Fee Schedule.

I authorize NCCAP to charge my credit card for applicable fees:

We accept the following cards: VISA, MASTERCARD, OR DISCOVER

Credit Card Number: _____

Expiration Date: _____

CVS on back of card: _____

Billing Zip Code: _____

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.

Please allow 4-6 weeks for your initial application to be processed. During this time your online profile is not accessible.

Signature of Applicant: _____

Date: _____