



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

Recognition of Service 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:			
Today's Date:		Phone:	
Mailing Address:			Apt.
City:	State:	ZIP:	
Personal Email:			
Receive Monthly Newsletter: _____ YES _____ NO			
Current Certification Level & Number:			

AFFIRMATION	
<p>By submitting this application, I hereby request to be registered as "Retired" with NCCAP. I understand that this is not a Certification and indicates that I no longer work in the field of activities. If I choose to re-enter the field of activities, I understand I am required to apply for Initial Certification and meet the current NCCAP Certification Standards.</p> <p style="text-align: center;">Please allow up to 2 weeks to receive a high quality PDF Recognition of Service award to be emailed.</p>	
Signature of Applicant:	Date: