



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 & Specialization Renewal Application

- Specialization
- Activity Professional Certified (APC)
- Activity Director Certified Provisional (ADCP)
- Activity Director Certified (ADC)
- Activity Consultant Certified (ACC)

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: _____

REQUIRED CE CLOCK HOURS

All Renewals require a minimum number of CE clock hours on relevant topics from the NCCAP Body of Knowledge. These topics must be listed in the following CE Log and must have been earned within 24 months of your renewal date.

- Specialization: 10 clock hours per specialization
- APC: 20 clock hours
- ADC/ADCP: 30 clock hours
- ACC: 40 clock hours
- You are **not** required to mail in the actual CE certificates with this renewal



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CONTINUING EDUCATION LOG

Date of Education	Title of Course	Instructor Name	Clock Hrs	Delivery Method : Face-to-Face, Online, Self-Study	NCCAP Body of Knowledge Topic - or - NCCAP Approval Number

AFFIRMATION that you have completed the required Continuing Education clock hours

I have fully completed my required Continuing Education clock hours on relevant topics from the NCCAP Body of Knowledge during the 24-month period since my last certification renewal. I affirm that the information put forth on the Activity Certification Renewal form 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 the renewal application is true:

Your signature: _____ Date: _____



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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.

AUDIT

Do not send actual CE certificates with this renewal. You are to maintain your CE certificates for 4 years following renewal. CE certificates must show the date and title of the program, the number of clock hours awarded and a certifying signature of the Approved Provider. To ensure quality and verify compliance, NCCAP periodically audits certified professionals regarding CE requirements. If audited, you are required to provide these original documents by the specified deadline in the audit notice.

PAYMENT.

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