



National Certification Council for Activity Professionals

Setting Standards of Excellence for Quality of Life through Education

317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462 USA | (757) 552-0653 | info@nccap.org

Retirement Status 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 STATUS

Are you currently employed?	Yes	No	If yes, please list your occupation:	
Name of Employer:				
Work Address:				
City:		State:		ZIP:
Type of Agency (SNF, AL, ADS, CCRC, Hospital, Home Care, Hospice, Rehab, Other – please specify):				

What is your current level of NCCAP Certification? AACP___ AAC___ APC___ ADCP___ ADC___ ACC___

AFFIRMATION

By submitting this application I hereby request to be registered as "Retired" with NCCAP.

I understand that this indicates my intent to no longer maintain NCCAP requirements for professional certification.

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.

I understand that no Continuing Education hours are required to maintain "Retired" status though I am required to pay the applicable renewal fee every two years.

When listing my NCCAP credential(s) after my name, I will use the designation "Ret." after the credential(s) to indicate my "Retired" status.

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

Your signature: _____ Date: _____



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PAYMENT.

CHECK. Mail a check or money order made out to "NCCAP" to our office: 317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462

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.