



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

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 ___ AAC ___ ADCP ___ ADC ___

What is the level of certification you are requesting? AAC ___ 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: 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: _____

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.