



**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

## HOME CARE CERTIFICATION APPLICATION (HCC)

Name:		
Date of Birth:	Last 4 of SS#:	Phone:
Address:		
City:	State:	ZIP Code:
Email:	Today's date:	
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
<b>SUPPORTING DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION (INITIAL EACH BOX)</b>		
	I have included a copy of either my GED, High School Diploma or official college transcript	
	I have included a letter stating the number of hours of work experience <u>on company letterhead</u> and with the contact person of the company. Requirement: at least 6 months and/or 1000 hours of experience	
	I have included copies of certificates of Continuing Education (CE) for a total of 10 hours	
	I have included a copy of my HCC Course Completion Certificate	
	I have included my \$30.00 payment for HCC application and understand that Certification is good for 1 year and must be renewed annually by submitting 20 additional Continuing Education (CE) hours and paying the \$30 renewal fee	

Example of acceptable experience letters and certificates for Continuing Education (CE) are provided for your reference.

### DO NOT SEND ORIGINALS

1<sup>st</sup> STEP: CREATE A PRIVATE AND SECURE INDIVIDUAL ONLINE ACCOUNT ON: [WWW.NCCAP.ORG](http://WWW.NCCAP.ORG)

2<sup>nd</sup> STEP: UPLOAD ALL REQUIRED APPLICATION DOCUMENTS INTO YOUR ONLINE ACCOUNT

OR SEND VIA US MAIL TO: NCCAP, 317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462

FOR ASSISTANCE: (757) 552-0653 or Email: [info@nccap.org](mailto:info@nccap.org)

### PAYMENT

**PAYABLE TO:** National Certification Council for Activity Professionals or NCCAP.

**CREDIT CARD:** Pay through our secure online payment portal on [www.nccap.org](http://www.nccap.org).

**US MAIL:** Check, Cashier's Check or Money Order. Do not send cash.

If your check is returned for insufficient funds, a fee will be charged of \$60.

PLEASE READ AND SIGN BELOW



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## DISCLAIMER

The Standards and Certification programs of NCCAP have been developed and revised through years of surveying and research. By applying for Certification, the applicant agrees to comply by and with these Standards. By applying for Certification, the 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 that applicant's failure to obtain Certification does not affect his or her right to obtain gainful employment.

## DECLARATION

### I acknowledge that it is my responsibility:

1. To keep NCCAP informed of any name, address or email change.
2. To keep my Certification current by or before the expiration date.

### I acknowledge that:

1. After completion of course requirements, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Certification.
2. After the expiration date of my Certification, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Renewal of my Certification.
3. If I am delinquent in my submission, NCCAP applies the following policy:
  - A. My file will be kept for one (1) calendar year during which time I may complete any outstanding requirements for Certification or Renewal.
  - B. I am not permitted to use my Certification title or claim until it is formally issued or renewed by NCCAP, nor during the time it has expired.
  - C. My Certification will be suspended after the expiration date for Renewal and my name removed from the NCCAP registry.
  - D. If I fail to respond within one (1) year after expiration of my renewal date and want to become Certified, I must resubmit all required documentation to verify compliance with Certification standards and fees.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the Certification process will lead to NCCAP's refusal to certify me. 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 hold NCCAP harmless from any result of such reference checks.

Applicant's Name (printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## SAMPLE LETTER OF EXPERIENCE

***This template must be completed, placed on company letterhead and signed by an authorized person who verifies employment with your company. You must have a letter from each employer until you have satisfied proof of 6 months and/or 1000 hours of experience.***

Date Written: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

Check: Full-time \_\_\_\_\_ Number of Hours per week: \_\_\_\_\_

Check: Part-time \_\_\_\_\_ Number of Hours per week: \_\_\_\_\_

TOTAL HOURS WITHIN LAST 5 YEARS: \_\_\_\_\_

### **Signature and Title of person authorized to verify employment:**

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month / Day / Year)



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## Sample Certificate of Continuing Education Hours

*Certificate of Attendance*

**This is to document that**

Name of Sponsor/Sponsoring Association: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Title of Education Session: \_\_\_\_\_

for \_\_\_\_\_ clock hours on \_\_\_\_\_ at \_\_\_\_\_

Date

City and State

Presented by: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Credentials: \_\_\_\_\_

Signature of sponsor or instructor: \_\_\_\_\_

NCCAP Pre-Approved Number (optional): \_\_\_\_\_