



**CONTINUING EDUCATION APPLICATION
NEW COURSE APPROVAL AND COURSE RENEWAL,
“APPROVED CE EDUCATOR” STATUS**

Please print, complete and email this application with payment to: info@nccap.org

REQUIREMENTS

1. All educational courses intended to meet the Continuing Education (CE) requirements of NCCAP Certifications and Specializations must receive a NCCAP CE approval number.
2. **New Course.** All new education courses, or those that have not been delivered for more than one year, require that all information and documentation be submitted along with payment of a new course fee based on the number of clock hours:
 - A. 1-8 clock hours: **\$57**
 - B. Over 8.5 -16.5 clock hours: **\$77**
 - C. Over 17-25.5 clock hours: **\$127**, detailed summary of content with learning objectives
 - D. 26.5 or more clock hours: **\$177, plus** an hourly plan and detailed summary of content with learning objectives.
3. **Renewal.** Courses approved the previous year only require that changes to information previously provided be submitted along with payment of the **\$50.00** renewal fee.
4. **Fast Track.** To obtain a NCCAP CE approval number for an educational course less than 45 days before the date the course is offered requires a **\$55.00** Fast Track fee.
5. **Approved CE Educator Status.** NCCAP offers Approved CE Educator status only to instructors and educators who deliver courses. This status will not be granted to Sponsor(s) or organizations that sell or re-sell courses. The following benefits of an Approved CE Educator are:
 - A. Post your Educational Course in the NCCAP online calendar
 - B. Include the Course Instructor and Educational Course in our online list of NCCAP Approved CE Educators with a link to their Educational Course
 - C. Use of the NCCAP “Approved CE Educator” emblem for marketing and promotion
 - D. Approved Educator fee: **\$50.00** per year.

Select which is applicable:

New Application: Complete entire form. Previously approved courses that have not been delivered for more than one year are required to submit a new application.

Renewal: Only complete information that has changed from original application.

Approved CE Educator: I wish to become an “Educator” and will submit my credentials, proof of education level and curriculum vitae along with the \$50.00 per year fee.

***Please state how you would like to be represented on the Approved CE Educator list:**

- Course Educator _____
- Is this course In-person / Online? If in-person, City _____ State _____
- Website/Email _____



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

Date of this Application _____
Name of Educator _____
Name of Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail _____

REQUIRED INFORMATION

How Will Records Be Maintained?: _____
How Will Certificates of Attendance Be Distributed? _____
Date(s) of Educational Course: _____
Title of Educational Course: _____
Number of Clock Hours: _____ Body of Knowledge Topic(s): _____
Location of Educational Course: _____
Delivery Method: Lecture_____, Hands-On_____, Demonstration_____, Other (Specify):_____

(Note): Online courses require 3 letters from attendees stating total clock hours)

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION:

1. Purpose and objectives of the course
2. Publicity tool and time outline including breaks, lunch or non-instructional time
3. Instructor(s) name and a brief description of credentials and qualifications
4. Copy of certificate of attendance presented to participants upon completion
5. Evaluation tool to be used by all attendees

PAYMENT

1. Check: "NCCAP", 317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462
2. Credit Card:

I authorize NCCAP to charge my credit card for charges associated to my application:

Credit Card Number: _____

Expiration Date: _____ CVS on back of card: _____ Zip Code associated with this card: _____



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

DECLARATION

I have reviewed the NCCAP Continuing Education policies and will communicate these requirements to all instructors and representatives to assure compliance with NCCAP requirements.

Name

Title

Signature

Date

The NCCAP Continuing Education Review Committee will review the entire application and attachments to determine that NCCAP standards are met.