



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 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___

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 be actively employed in the field of activities.

Further, I understand that if I choose to re-enter the field of activities in the future for whatever the reason, 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.

Finally, when listing my NCCAP credentials after my name, I will use the designation "Ret." after the credential 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.