

RETIREMENT STATUS REQUEST FORM

Name _____ Date _____

Address _____ Certification # _____

Phone # _____ Fax # _____ Email address _____

***Please read the following statement and sign the bottom of the form, upon receipt in the NCCAP office, your retirement application will be sent to you to complete.**

*I _____ am hereby requesting to NCCAP to be placed on the **retirement status.** I understand that this indicates my intent to no longer be actively employed in the field of activities.*

I further understand that if I choose to come out of “retirement” status in the future for whatever the reason, that I would then be required to apply for initial certification at the current NCCAP standards.

I also understand that while, no continuing education hours will be required to maintain the retirement status, that I will still be required to pay the reduced renewal fee and complete the NCCAP renewal form every two years.

Finally when listing the NCCAP credentials after my name, I will now also add the “Ret.” after the credential to indicate the retired status.

Signature of application

2/2015