





# NCCAP Application

P.O. Box 62589, Virginia Beach, VA 23466-2589 • www.nccap.org • Fax 757-552-0491 • Phone 757-552-0653

The following information shall be kept in the **confidential** files of the National Certification Council for Activity Professionals. It shall be available to the Certification Review Committee and the Appeals Committee unless otherwise specified by the applicant.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First Former or Maiden

Name as it should appear on Certificate/Card \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone(\_\_\_\_) \_\_\_\_\_

Name of Agency/Facility \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office Telephone(\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Fax Number:(\_\_\_\_) \_\_\_\_\_

\*E-Mail \_\_\_\_\_

\*E-Mail Address must be provided to NCCAP to ensure effective communication of the monthly Newsblitzes, NCCAPNews and Board Ballots as NCCAP is striving to be a paperless office.

### LEVEL OF CERTIFICATION REQUESTED (Check level and track):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Activity Assistant Certified<br><input type="checkbox"/> Track 1 <input type="checkbox"/> HCC<br><input type="checkbox"/> Track 2 <input type="checkbox"/> AAPC<br><input type="checkbox"/> Track 3 <input type="checkbox"/> ADSC | <input type="checkbox"/> Activity Director Certified<br><input type="checkbox"/> Track 1 <input type="checkbox"/> Track 4<br><input type="checkbox"/> Track 2 <input type="checkbox"/> Track 5<br><input type="checkbox"/> Track 3 | <input type="checkbox"/> Activity Consultant Certified<br><input type="checkbox"/> Track 1<br><input type="checkbox"/> Track 2<br><input type="checkbox"/> Track 3 |
|--|--|--|

- Activity Director Provisionally Certified (Check which THREE components you are submitting):
- Modular Education Program for Activity Professionals (MEPAP) & 90-Hour Practicum, Part 1
  - Modular Education Program for Activity Professionals (MEPAP) & 90-Hour Practicum, Part 2
  - 12 Semester College Credits
  - 6000 Hours Work Experience
  - 30 Hours Continuing Education

*I will accept certification at another level if the level indicated above cannot be granted*     Yes     No

### REASON FOR APPLICATION REQUEST (Check one):

- First request for certification
- Level change (NCCAP level and certification number): \_\_\_\_\_
- Level change and recertification (NCCAP level and certification number): \_\_\_\_\_
- Specialization: \_\_\_\_\_ ALF    \_\_\_\_\_ MC    \_\_\_\_\_ AD    \_\_\_\_\_ EDU    \_\_\_\_\_ HC    \_\_\_\_\_ PC
- Check here if you do not wish your name published in the Certification Registry**

I have been an activity professional for \_\_\_\_\_ years.

I have the following academic preparation: (Please indicate the highest level)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> (GED)              | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some College Credits (Enter number on Line) _____  |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree   | <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate |

Concentration of College Work: (e.g., Social Work, Recreation) \_\_\_\_\_

# ACADEMIC Education

Complete the portions of this page that apply to your level and track

High School \_\_\_\_\_

name \_\_\_\_\_ city, state \_\_\_\_\_ graduation or GED date \_\_\_\_\_  
*(Send verification of High School Graduation or GED for any level)*

COLLEGE/UNIVERSITY	STATE	DATES ATTENDED	MAJOR	DEGREE AWARDED AND DATE
_____	_____	_____ to _____ month/yr month/yr	_____	_____
_____	_____	_____ to _____ month/yr month/yr	_____	_____
_____	_____	_____ to _____ month/yr month/yr	_____	_____
_____	_____	_____ to _____ month/yr month/yr	_____	_____

TOTAL CREDITS:  *This must be completed*

## For college credits that apply to this application...

One course from each of the required areas:

COURSE TITLE From College Transcript <i>(Do not repeat courses)</i> <i>Ex. English Composition</i>	COURSE NUMBER From College Transcript <i>(Do not repeat courses)</i> <i>Eng. 101</i>	REQUIRED AREA From NCCAP Definitions of Standards <i>(Do not repeat areas of coursework)</i> <i>A-1</i>	COLLEGE/UNIVERSITY <i>XYZ University</i>
A. _____	_____	<i>English</i>	_____
B. 1 _____	_____	<i>Art/Recreation/Programming</i>	_____
C. 2 _____	_____	<i>Sciences</i>	_____
D. 3 _____	_____	<i>Management</i>	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____

An official copy of your transcript(s) must accompany your application. Enclose the **official** transcripts with your application. Some colleges/universities will not send students/graduates an official transcript. In this case enclose a copy of your letter to the college requesting that your transcript be mailed to NCCAP. Please note that you may need to request a student copy to adequately complete this portion of the application.

90-HOUR NCCAP MODULAR EDUCATION PROGRAM FOR ACTIVITY PROFESSIONALS (MEPAP) PART 1 AND 90-HOUR PRACTICUM (BEC)

\_\_\_\_\_ Dates Completed

\_\_\_\_\_ Instructor & Credentials

\_\_\_\_\_ pre-approval #

90-HOUR NCCAP MODULAR EDUCATION PROGRAM FOR ACTIVITY PROFESSIONALS (MEPAP) PART 2 AND 90-HOUR PRACTICUM (AMC)

\_\_\_\_\_ Dates Completed

\_\_\_\_\_ Instructor & Credentials

\_\_\_\_\_ pre-approval #

Copy of Certificate of Completion must accompany your application.

# APPLICATION Checklist

Please make a copy of your application and all attachments for your files.

- Is application **completely, legibly** (neatly) and **accurately** filled out?

Have you included:

- pages 1-6 of application (**typed** or **printed** legibly and intact.) (You must complete each applicable section on the application form. Answering “see attached” is **NOT ACCEPTABLE**. Your application will be returned.)
- documentation of CE? (Copies only-originals will not be returned.)
- high school diploma or GED for any level. (Copies only-originals will not be returned)
- official transcripts or copy of letter requesting transcripts enclosed.
- verification letter(s) of activity employment experience? (The original on letterhead.)
- verification letter(s) of consulting experience? (The original on letterhead), brochures, articles.
- notarization?
- check, money order or Debit/Credit Cards (MC/VISA) also accepted.
- E-mail address provided?

**MAINTAIN A COMPLETE COPY OF THIS APPLICATION,  
ALL CERTIFICATION STANDARDS AND ALL ATTACHMENTS IN YOUR FILES!**

# CERTIFICATION Review Process

You may opt to mail the application by certified mail (return receipt requested) to assure it has been received. Sending applications overnight will not expedite the review process.

When an Application is received at the NCCAP office, The staff will:

- Determine if the application documentation is complete:
- Send application file to the Certification Review Committee (CRC). The CRC is a team of Activity Consultants Certified who: carefully review every aspect of the application, grant or deny certification based upon NCCAP standards. CRC returns the application file to the NCCAP office with a decision.
- If application and supporting documentation is not accurate, complete or legible, it will be returned requesting more information.
- The NCCAP office notifies you of CRC’s decision (usually within 12 weeks).
- Approved applicants will receive a certificate, certification card, pin order form, and a welcome letter.

If certification is denied, a letter is sent stating the reason for denial. There are two recourses for you, the applicant:

1. Meet the standards by:
  - a. obtaining academic education, or proof of such
  - b. obtaining activity and/or consulting experience, or proof of such
  - c. obtain MEPAP course
  - d. obtaining continuing education or proof of such and then re-apply**OR**
2. Prepare a typed appeal within 60 days of receipt of the denial of certification. This appeal should be mailed to the NCCAP office. The Appeals Committee will review appeals and render a decision.

Pending or denied applications will be maintained on file for 6 months. The application fee minus the \$60 processing fee will be refunded by request only.

## Disclaimer

These standards and it's certification program have been developed by NCCAP after years of surveying and research. By applying for certification, applicant tacitly agrees to the standards. By applying for certification, 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 effect his or her right to obtain gainful employment.)

## Declaration

I acknowledge that it is my responsibility:

1. To keep the NCCAP office informed of any name or address change

Email Address \_\_\_\_\_

Facility Information \_\_\_\_\_

2. To keep my certification current by renewing every two years before the expiration date.

I further understand that NCCAP will remind me of my need to send in my completed renewal form, documentation and fee. I then have:

1. At least 60 days in which to submit my form and fee and if I am delinquent in my response NCCAP has the following policy:
  - a. My file will be kept for one calendar year past the expiration date. During this reinstatement period I am not permitted to use my certification, title or claim, to be certified with NCCAP.
  - b. My certification will be suspended after the expiration date and my name removed from the NCCAP registry.
  - c. At the end of the reinstatement period my file will be destroyed.
  - d. If I fail to respond within the year past my date for renewal and want to become a Certified Activity Professional after this point, I must begin the initial process of certification under the current certification standards and fees.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the certification process can 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 will hold NCCAP harmless from any result of such reference checks.

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

## Notarization of NCCAP Application

I, \_\_\_\_\_, a Notary Public, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me \_\_\_\_\_, who signed the foregoing document as the applicant, and declared that the statements contained therein are true.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expires \_\_\_\_\_ (for notarization seal)

### Fees

Activity Consultant Certified (ACC).....	\$100.00
Activity Director Certified (ADC).....	\$90.00
Activity Director Provisionally Certified (ADPC).....	\$85.00
Activity Assistant Certified (AAC) (HCC) (ADSC).....	\$80.00
Level Change .....	\$65.00
Specialization.....	\$25.00 each

Persons 65 years and older should submit proof of age to receive a \$10.00 discount. (Applied toward initial certification fees only)  
If your check is returned for insufficient funds, an additional fee will be charged of \$60

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

SEND: **Check, Money Order, Debit/Credit Cards accepted (MC/VISA), No cash.**

MAIL WITH APPLICATION TO: **NCCAP. P.O. Box 62589. Virginia Beach, VA 23466-2589**

Mail using return receipt services to confirm receipt by NCCAP

For assistance call (757) 552-0653 or email [info@nccap.org](mailto:info@nccap.org)

**PLEASE NOTE: Checks are deposited upon receipt. This does not mean certification has been granted.**

Debit/Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Billing ZIP \_\_\_\_\_

# ACTIVITY Experience

**ALL APPLICANTS** - Complete as many sections of this page as necessary to support the amount of activity experience required for your level and track of certification. If you need more space, make a copy of this page first.

**DOCUMENTATION** must accompany this application that verifies your activity experience. Submit your letter or letters:

**1. On official facility or agency letterhead stating:**

- a. your work title
- b. dates of beginning and end of activity employment within the last 5 years only
- c. that at least 50% of residents/clients are 55+ years of age  
(Population must be based on the percentage and not the average number of residents.)
- d. State actual total hours of activity experience to date of letter. (Be specific and state the number of hours worked. Example: 20 hours a week. Stating full time or part time is not acceptable.)

**2. Signed by the administrator, program director or supervisor**

**Please note that the sample letter format found in the Certification Standards is designed to help you with this process**

A. Agency \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employment: From \_\_\_\_\_ to \_\_\_\_\_

Month          Day          Year                                  Month          Day          Year

Please Check: 50% of resident/clients are 55+ years \_\_\_\_\_ yes \_\_\_\_\_ no

Check:  Full-time \_\_\_\_\_ Number of Hours per week          **TOTAL HOURS WITHIN LAST**

Check:  Part-time \_\_\_\_\_ Number of Hours per week          **5 YEARS** \_\_\_\_\_

Practice Setting: \_\_\_\_\_ ALF    \_\_\_\_\_ MC    \_\_\_\_\_ AD    \_\_\_\_\_ SNF    \_\_\_\_\_ HC    \_\_\_\_\_ PC

B. Agency \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employment: From \_\_\_\_\_ to \_\_\_\_\_

Month          Day          Year                                  Month          Day          Year

Please Check: 50% of resident/clients are 55+ years \_\_\_\_\_ yes \_\_\_\_\_ no

Check:  Full-time \_\_\_\_\_ Number of Hours per week          **TOTAL HOURS WITHIN LAST**

Check:  Part-time \_\_\_\_\_ Number of Hours per week          **5 YEARS** \_\_\_\_\_

Practice Setting: \_\_\_\_\_ ALF    \_\_\_\_\_ MC    \_\_\_\_\_ AD    \_\_\_\_\_ SNF    \_\_\_\_\_ HC    \_\_\_\_\_ PC

**GRAND TOTAL HOURS** of activity experience listed within the last 5 years. # of Hours \_\_\_\_\_

*This must be completed*

# CONTINUING Education

Attach documentation for the required number of clock hours appropriate to the level of certification for which you are applying. It is not necessary to submit all clock hours obtained, but only the amount required. **DO NOT SEND ORIGINAL DOCUMENTS OF YOUR CONTINUING EDUCATION. SEND COPIES ONLY! THEY WILL NOT BE RETURNED OR KEPT ON FILE!** Arrange certificates in the same order as you listed them below.

*Please refer to the sample certificate in the certification standards to help you with this process. If certificates awarded to you for continuing education do not contain the required information, attach additional documentation to verify the missing components to the certificates.*

If you attend a conference/seminar/symposium, simply write # of total hours received and submit proper verification of INDIVIDUAL sessions attended.

TITLE FROM CERTIFICATE/TRANSCRIPT	DATE	CLOCK HOURS	BODY OF KNOWLEDGE (TOPIC #FROM PAGE 8)
<i>Ex. NCCAP Symposium</i>	<i>6/5/16 - 6/8/16</i>	<i>18 hours</i>	
<i>Ex. Mandatory Facility Inservices</i>	<i>2016 - 2018</i>	<i>6 hours</i>	

<b>SPECIALIZATION:</b> <u>      </u> ALF <u>      </u> MC <u>      </u> AD <u>      </u> EDU <u>      </u> HC <u>      </u> PC
--


<b>SPECIALIZATION:</b> <u>      </u> ALF <u>      </u> MC <u>      </u> AD <u>      </u> EDU <u>      </u> HC <u>      </u> PC
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<b>Total of clock hours within the past five years.</b>	<b># Hours</b>	<i>This must be completed</i>
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# CONSULTING Experience

This page is to be completed by persons applying for consultant level certification. Applicable experience is defined in Definitions. All columns must be completed for each type of consulting. You may consolidate appropriate hours and dates. Examples:

1) 5/1/16 - 5/1/17	XYZ Corporation (312-555-5555)	40 hours/week 2080 hrs. total	Central Div. Act. Advisor to 40 facilities
2) 4/1/16 - 8/1/17	Illinois Dept of Health (312-222-2222)	90 Hours	Taught the MEPAP Course
3) 8/1/17 - 8/1/18	XYZ Facility (312-999-9999)	4 hours/month 48 hrs. total	Provided consultation for activity staff

*If you need more space, make a copy of this page first.*

DATE/S OF SERVICE OR PUBLICATION DATE PRESENTATION DATE	EMPLOYER NAME (FACILITY) & PHONE NUMBER OR SPONSOR'S NAME	HOURS OF CONSULTING NUMBER OF WORDS LENGTH OF PRESENTATION	DESCRIBE DUTIES

**SEE DEFINITIONS FOR DOCUMENTATION OF CONSULTING EXPERIENCE.**

**TOTAL HOURS OF CONSULTING EXPERIENCE**  
(within last 3 years)  *This must be completed*

LETTERS, ARTICLES, BROCHURES ETC.,  
VERIFYING CONSULTING EXPERIENCE MUST ACCOMPANY THIS APPLICATION