NCCAP RENEWAL FORM
All SPACES MUST BE COMPLETED

**CURRENT INFORMATION**:
NAME:_____
STREET ADDRESS:_____
CITY:_____STATE:____ZIP:_____
HOME/CELL PHONE:_____
E-MAIL ADDRESS:_____
**YOUR CERTIFICATION #_____**
**YOUR EXPIRATION DATE:_____**

**EMPLOYER INFORMATION OR RETIRED**:_____

Company Name:_____
Company Address:_____
City:_____State:____Zip:_____
Company Phone:_____
Company Fax:_____

****PLEASE READ AS SOME INFORMATION HAS CHANGED****

1. List CE topics, dates and hours **from the past two years (last expiration date up to now)** in the sessions columns below. **Only 20% can be in-services. See page 6 of the NCCAP Standards (on NCCAP.org, Resources/Forms & Downloads) for continuing education information and requirements.**
2. Attach copies of certificates signed by the instructor or sponsor and show the topic, instructor's name and credentials, date, location, length in hours and sponsoring agency in the same order as you listed on the form.
**HCC & AAC require 20 hours, ADC and ADPC require 30 hours and ACC requires 40 hours**
3. Make address, phone number(s) and e-mail changes above if applicable *and* as they occur via email to info@nccap.org.
4. **If you hold a specialization**, remember to **add $10** for the renewal fee and the **additional 10 CEs per designation**. **(N*ew specializations: submit an application,* *$25 fee per specialization you are applying for and 10 CEs from that field.)***
5. Enclose the **$75 renewal fee** if no specializations and have postmarked **BEFORE** the expiration date. SIGN your check or money order or **include Debit/Credit Card # (VS/MC only)/ Exp date & billing statement zip code.**

Card#_____Exp Date_____ Billing statement zip code_____

Sign and mail the completed form, CE Documentation and appropriate Renewal Fee(s) to:
NCCAP, P.O. Box 62589, Virginia Beach, VA 23466-2589.
**Allow 6-8 weeks for processing - Mail early to avoid delays -** Renewals are processed in the order in which they are received
*****Faxed renewals will NOT expedite processing and will require an additional $55 fee before review***. **
**Incomplete forms will not be accepted and in some cases returned. List clock hours below and on back if necessary **

| **TITLE OF CE SESSIONS** | DATE | CLOCK HRS |
|---|---|---|
| **An Example:** NCCAP Symposium (the last expiration date to current w/proof are accepted) | 6/5-9/'16 | 14 hrs |
| **An Example:** Mandatory Facility In-services (the last expiration date to current w/proof accepted**)** | 2015-'17 | 6 hrs |
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**(USE REVERSE SIDE AS NECESSARY)**

TOTAL HOURS: _____

**Allow **6-8 weeks** from receipt in the NCCAP office to receive a new certificate. You will be notified by e-mail or in writing within 2-3 weeks of receipt if there are any problems**

Renewals must be ***postmarked before the expiration date*** **or a $55 late fee will be assessed** in addition to the **$75 renewal fee(s)**. Please note checks and money orders are deposited upon receipt. **This does not guarantee re-certification**. Payment clearing your bank is proof of receipt in the NCCAP office. There is a return check fee of $60. A processing fee of $40 will be assessed for each renewal submitted and not approved. After one year from expiration, you must re-apply, meet the current standards and submit the appropriate fees in effect at that time.

**SIGNATURE: _____DATE: _____**