

ACTIVITY CERTIFICATION RENEWAL & LEVEL CHANGE APPLICATION

APPLICANT INFORMATION

| All information must be p | roperly filled o | ut. Any missing informat | ion will cause a delay in the r | eview process of application. | | | |
|-----------------------------|--|--|---------------------------------|-------------------------------|--|--|--|
| Legal Full Name: | | | | | | | |
| Date of Birth: | | Last 4 of SSN: | Phone: | | | | |
| Mailing address: | | I | | | | | |
| City: | | State: | ZIP: | | | | |
| Personal Email: | | I | I | | | | |
| | | REASON FOR APPLICAT | ON REQUESTION | | | | |
| Certification Renewal: | | | | | | | |
| | | • .• / | | | | | |
| | Level of Certification: (select one) | | | | | | |
| | | Activity Professional Certified (APC) | | | | | |
| | Activity Director Certified Provisional (ADCP) | | | | | | |
| | | Activity Director Certified (ADC) | | | | | |
| | | Activity Consultant Certified (ACC) | | | | | |
| | Specialization(s) Renewal: | | | | | | |
| | | MC- Memory Care EDU- Education | | | | | |
| | AL- Assisted Living | | | | | | |
| | HC- Home Care | | | | | | |
| | | PC- Person Centered | l Care | | | | |
| | | AD- Adult Day Servi | | | | | |
| Applying for New Specializa | ation: | | | | | | |
| | Specialization | (s) I am applying for: | | | | | |
| | Memory Care | | | | | | |
| | Education | | | | | | |
| | Assisted Living | | | | | | |
| | Home Care | | | | | | |
| | Per | son Centered Care | | | | | |
| | AD- | Adult Day Services | | | | | |
| Level Change Request: | Certification I | evel Requested: | | | | | |
| | ADC | – Activity Director Certifi | ed | | | | |
| | ACC- | Activity Consultant Cert | fied | | | | |
| National Exam Request: | I hav | ve taken and passed my I | National Exam on | (Test Date) | | | |
| | l nee | ed to take the National E | kam. | | | | |
| | \$90 National E | xam Fee. | | | | | |
| | MEPAP 1 & 2 I | MUST BE COMPLETED IN | ORDER TO QUALIFY FOR EXAN | 1 | | | |
| | - | e there is a \$30 processir t meet the Certification I | - | from the application process | | | |

(757) 552-0653 | <u>info@nccap.org</u> | <u>www.nccap.org</u> Copyright © 2025 NCCAP All rights reserved



| EMPLOYMENT HISTORY | | | | | | |
|--------------------------------|----|--------|-----------|-------------|------|--|
| Are you currently employed? Ye | es | No | Position: | | | |
| Employer: | | | | | | |
| Work Address: | | | | | | |
| City: | | State: | | | ZIP: | |
| Work number: | | | | Fax Number: | | |
| Work Email address: | | | | | | |

| REQUIRED CONTINUING EDUCATION (CE) | | | |
|---|---|--|--|
| Activity Professional Certification: 10 Clock Hours | | | |
| Activity Director Certification Provisional: 20 Clock Hours | | | |
| Activity Director Certification: 20 Clock Hours | | | |
| Activity Consultant Certification: 30 Clock Hours | | | |
| Specializations: 10 Clo | ock Hours for each Specialization (non-transferable) | | |
| AUDITING PROCESS | | | |
| | - It is not necessary to send CE Certificates with this renewal application. Submitting proof of | | |
| | required CE hours at time of renewal submission will remove you from the auditing pool. | | |
| | - To ensure quality and verify compliance, NCCAP periodically audits submissions to verify | | |
| | compliance with CE requirements, selections re done automatically and randomly. | | |
| | - If you are selected for audit, you are required to provide the required CE Certificates and/or | | |
| | related supporting documents within (10) days from the date of the emailed audit notice or a \$55 | | |
| | Late Fee will be subjected to the renewal and suspension of certification. | | |



| RENEWAL ACTIVITY PROFESSIONAL CERTIFICATION FEES | | | | | |
|--|------------------------|--|--|--|--|
| Activity Professional Certifications are valid for 2 years. | | | | | |
| Renewal Email Notices are sent 120 days prior to your expiration date and sent monthly thereafter. If you do not | | | | | |
| receive a Renewal Email Notification please call NCCAP to verify we have your co | | | | | |
| Processing & Review time for Renewal Applications can take up to 4 weeks from submission. | | | | | |
| A. Activity Professional Certified (APC) | \$60.00 | | | | |
| B. Activity Director Certified (ADC) | \$75.00 | | | | |
| C. Activity Consultant Certified (ACC) | \$90.00 | | | | |
| D. Late Fee for Renewals submitted after expiration date | \$55.00 | | | | |
| E. Late Fee due to unable to meet Audit request within 10 days | \$55.00 | | | | |
| F. Fast Track Fees for processing within 3 business days from submission | | | | | |
| G. Processing Fee due to withdrawal from Application Process | \$30.00 | | | | |
| SPECIALIZATIONS (IF APPLICABLE) | | | | | |
| Specializations are valid for 2 years and require an Activity Professional Level of C | | | | | |
| Specializations are due for renewal at the same time your Activity Professional Certifi | ication expires. | | | | |
| Assisted Living (AL) Adult Day Services (AD) | | | | | |
| Education (EDU) Home Care (HC) | | | | | |
| Memory Care (MC) Person-Centered (PC) | | | | | |
| A. Initial Specialization\$25.00 p | | | | | |
| B. Renewal Specialization \$15.00 p | er each specialization | | | | |
| LEVEL CHANGE FEES | | | | | |
| Level Change to ADC or ACC requires taking and passing the National Exam. | | | | | |
| Processing & review time for Level Change applications can take up to 4 weeks from submission. | | | | | |
| Level Change does not change the initial date of expiration issued. | | | | | |
| Renewal timeframe opens 120 days prior to expiration date. | | | | | |
| A. Level Change Outside Renewal Timeframe APC/ADCP to ADC | \$30.00 | | | | |
| B. Level Change Outside Renewal Timeframe ADC to ACC | \$55.00 | | | | |
| C. Level Change at the time of Renewal | Renewal Fee | | | | |
| D. Fast Track Fee for processing within 3 business days from submission | \$55.00 | | | | |
| E. Processing Fee due to withdrawal from Application Process | \$30.00 | | | | |
| ADMINISTRATIVE FEES (IF APPLICABLE) | | | | | |
| A. Non-Sufficient Funds Check (in addition to application fee) | \$55.00 | | | | |
| B. NCCAP Certificate Order Mailed via USPS | \$20.00 | | | | |



erson-Centered Engagement

DISCLAIMERAND DECLARATION

Affirmation of Required CE Hours

I have fully completed my required Continuing Education clock hours on relevant topics from the NCCAP Body of Knowledge during the 24-month period since my last certification renewal. I affirm that the information put forth on the Activity Certification Renewal form is true and complete to the best of my knowledge. I further acknowledge that if the information supplied on this form is willfully false, I am subject to disciplinary action including certification suspension and revocation.

Declaration

acknowledge that it is my responsibility:

- To notify NCCAP of any changes to my legal name or contact information and in particular my current email address as this is NCCAP's primary communication path.
- To keep my Certification current by renewing every two years before the expiration date.

If any information is missing or needed, I understand I have **thirty (30) days** to submit the requested information from date of first contact from NCCAP. If I am delinquent in my response, NCCAP has the following policy:

- Application will remain in pending review status due to failure to comply with request. After third unsuccessful contact attempt NCCAP will no longer contact you and it is up to the applicant to contact NCCAP.
- On the <u>**31st</u>** day of pending review status, the application is withdrawn, and all fees are forfeited. You would then need to start a new application process.</u>

I understand that after my Activity Professional certification expiration has occurred, I have up to **one (1) year** to renew with all the appropriate fees and documents. During this time my certification will remain in a lapsed status. After the one year mark your certification is no longer valid and you will need to submit application under new applicant, submit all supporting documents as stated in the Certification Standards, and submit the stated applicant fees.

Late Fee

NCCAP charges a **\$55 Late Fee** for renewal applications that are post-marked or received online after your expiration date. Please note your certification expires on the date it was originally earned and remains constant regardless of when actual renewal occurs. You are required to submit a fully completed renewal application and pay the fee by your expiration date. When applying a Late Fee, NCCAP takes into consideration the multiple attempts we make to notify you via email, phone and mailed notification card, the completeness of your application, the payment of your fee and the communications we receive from you at the time of renewal.

| Payment Type: | PERSONAL / FACILITY CHECK (CHECK NUMBER) | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|
| (Select one) | | | | | | | | |
| | FACILITY CHECK BEING MAILED IN SEPARATELY | | | | | | | |
| | *RENEWAL PROCESS WILL NOT BEGIN UNTIL PAYMENT HAS BEEN RECEIVED* | | | | | | | |
| | CREDIT CARD: | | | | | | | |
| | VISA MASTERCARD DISCOVER AMERICAN EXPRESS | | | | | | | |
| | CARD NUMBER: | | | | | | | |
| | EXPIRATION DATE: | | | | | | | |
| | CVV: BILLING ZIP: | | | | | | | |
| Payment of application fe | e does not guarantee that certification will be granted and is used to cover the administrative cost of processing, | | | | | | | |
| | reviewing and evaluating the application. | | | | | | | |
| Please allow 4 wee | ks for your application to be reviewed and processed. During this time your online profile is not accessible. | | | | | | | |
| Signature of Applicant: | Date: | | | | | | | |