




National Certification Council for Activity Professionals
Enriching Lives Through Person-Centered Engagement

3015 Upton Drive, Suite 103, Kensington, MD 20895 USA | (757) 552-0653 | info@nccap.org

ACTIVITY CERTIFICATION RENEWAL & LEVEL CHANGE APPLICATION

APPLICANT INFORMATION	
All information must be properly filled out. Any missing information will cause a delay in the review process of application.	
Legal Full Name:	
Date of Birth:	Last 4 of SSN: Phone:
Mailing address:	
City:	State: ZIP:
Personal Email:	
REASON FOR APPLICATION REQUESTION	
Certification Renewal:	
	Level of Certification: (select one) <input type="checkbox"/> Activity Professional Certified (APC) <input type="checkbox"/> Activity Director Certified Provisional (ADCP) <input type="checkbox"/> Activity Director Certified (ADC) <input type="checkbox"/> Activity Consultant Certified (ACC) Specialization(s) Renewal : <input type="checkbox"/> MC- Memory Care <input type="checkbox"/> EDU- Education <input type="checkbox"/> AL- Assisted Living <input type="checkbox"/> HC- Home Care <input type="checkbox"/> PC- Person Centered Care <input type="checkbox"/> AD- Adult Day Services
Applying for New Specialization:	
	Specialization(s) I am applying for: <input type="checkbox"/> Memory Care <input type="checkbox"/> Education <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care <input type="checkbox"/> Person Centered Care <input type="checkbox"/> AD- Adult Day Services
Level Change Request:	Certification Level Requested: <input type="checkbox"/> ADC – Activity Director Certified <input type="checkbox"/> ACC- Activity Consultant Certified
National Exam Request:	<input type="checkbox"/> I have taken and passed my National Exam on _____ (Test Date) <input type="checkbox"/> I need to take the National Exam. \$90 National Exam Fee. MEPAP 1 & 2 MUST BE COMPLETED IN ORDER TO QUALIFY FOR EXAM
	I acknowledge there is a \$30 processing fee if I decide to withdraw from the application process and/or cannot meet the Certification Level requirements. This fee will be deducted from the refunding credit.




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

REQUIRED CONTINUING EDUCATION (CE)
Activity Professional Certification: 20 Clock Hours
Activity Director Certification Provisional: 30 Clock Hours
Activity Director Certification: 30 Clock Hours
Activity Consultant Certification: 40 Clock Hours
Specializations: 10 Clock Hours for each Specialization (non-transferable)

AUDITING PROCESS	
	<ul style="list-style-type: none"> - 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. - 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.



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RENEWAL ACTIVITY PROFESSIONAL CERTIFICATION FEES	
<p><i>Activity Professional Certifications are valid for 2 years.</i></p> <p>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 correct email. Processing & Review time for Renewal Applications can take up to 4 weeks from submission.</p>	
A. Activity Professional Certified (APC)	\$60.00
B. Activity Director Certified Provisional (ADCP)	\$75.00
C. Activity Director Certified (ADC)	\$75.00
D. Activity Consultant Certified (ACC)	\$90.00
E. Late Fee for Renewals submitted after expiration date	\$55.00
F. Late Fee due to unable to meet Audit request within 10 days	\$55.00
G. Fast Track Fees for processing within 3 business days from submission	\$55.00
H. Processing Fee due to withdrawal from Application Process	\$30.00
SPECIALIZATIONS (IF APPLICABLE)	
<p><i>Specializations are valid for 2 years and require an Activity Professional Level of Certification.</i></p> <p><i>Specializations are due for renewal at the same time your Activity Professional Certification expires.</i></p>	
<ul style="list-style-type: none"> • Assisted Living (AL) • Education (EDU) • Memory Care (MC) 	<ul style="list-style-type: none"> • Adult Day Services (ADS) • Home Care (HC) • Person-Centered (PC)
A. Initial Specialization	\$25.00 per each specialization
B. Renewal Specialization	\$15.00 per each specialization
LEVEL CHANGE FEES	
<ul style="list-style-type: none"> • 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. Submission by Fax	\$10.00
C. NCCAP Certificate Order Mailed via USPS	\$25.00



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DISCLAIMER AND 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

I 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 **ninety (90) 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 **90th** day of pending review status, the application is withdrawn, and all fees are forfeited. You would then need to start a new application process.

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: (Select one)

Personal Check (Check # _____)

Company's Check (Check # _____)

Company's Check (Sent Separately)

(Review process will not begin until payment is received.)

Credit Card: VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip: _____

Payment of application fee 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 weeks for your application to be reviewed and processed. During this time your online profile is not accessible.

Signature of Applicant: _____

Date: _____