

National Certification Council for Activity Professionals

317 Office Square Lane, Suite 202A Virginia Beach, Virginia 23462 USA T: 757-552-0653 E: info@nccap.org

CONTINUING EDUCATION (CE) APPLICATION:

NEW COURSE APPROVAL AND COURSE RENEWAL, AND

NEW COURSE APPROVAL <u>AND</u> COURSE RENEWAL, AND "APPROVED CE EDUCATOR" STATUS

Please print, complete and email this application with payment to: info@nccap.org

REQUIREMENTS

- 1. All educational courses intended to meet the Continuing Education (CE) requirements of NCCAP Certifications and Specializations must receive a NCCAP CE approval number.
- 2. **New Course**. All new education courses, or those that have not been delivered for more than one year, require that all information and documentation be submitted along with payment of a new course fee based on the number of clock hours:
 - A. 1-8 clock hours: \$57
 - B. 8.5-16.5 clock hours: \$77
 - C. 17-25 clock hours: **\$127, plus** an hourly plan and detailed summary of content with learning objectives
 - D. 25.5 or more clock hours: **\$177, plus** an hourly plan and detailed summary of content with learning objectives.
- 3. **Renewal**. Courses approved the previous year only require that changes to information previously provided be submitted along with payment of the \$50.00 renewal fee.
- 4. **Fast Track**. To obtain a NCCAP CE approval number for an educational course less than 45 days before the date the course is offered requires a **\$55.00** Fast Track fee.
- 5. **Approved CE Educator Status**. NCCAP offers the Approved CE Educator status to help advance and promote CE courses with the following benefits:
 - A. Post up to four (4) of your Educational Course(s) on the NCCAP online calendar
 - B. Include the Educator's name, course type, contact details and website link in our online list of NCCAP Approved CE Educators
 - C. Use of the NCCAP "Approved CE Educator" emblem for marketing and promotion
 - D. Approved Educator fee: \$50.00 per year, renewable.

Select which is applicable:	
New CE Application : Complete entire form. Previdelivered for more than one year are required to subm	
Renewal: Only complete information that has cha	
Approved CE Educator: I wish to become an "Approved credentials, proof of education level and curriculum vit	
*Please state how you would like to be represented o	n the Approved CE Educator list:
Course Instructor:	Title(s):
Is this course in person/online: If in person, City	
Website:	
Email/Phone:	



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REQUIRED INFORMATION		
Date of this Application		
Name and Title of Educator to appear on website:		
Name of Organization to appear on website:		
Address		
City State Zip		
Phone E-Mail		
Title of Educational Course to appear on website:		
Number of Clock Hours: Body of Knowledge Topic(s):		
Location of Educational Course:		
Delivery Method: Lecture, Hands-On, Demonstration, Other (Specify):(Note: Online courses require 3 letters from attendees stating total clock hours)		
How Will Records Be Maintained?		
How Will Certificates of Attendance Be Distributed?		
Date(s) of Educational Course:		
Will this course be repeated in 12 months? YES/NO		

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS APPLICATION

- 1. Learning objectives of the course
- 2. Publicity tool and time outline including breaks, lunch or non-instructional time
- 3. Educator(s) name and a brief description of credentials and qualifications
- 4. Copy of certificate of attendance presented to participants
- 5. Evaluation tool to be used by participants

POLICY FOR USE OF "APPROVED CE EDUCATOR" EMBLEM

As an "Approved CE Educator", NCCAP grants a limited one-year right to use the NCCAP Approved CE Educator Emblem to promote the course(s) for which you have obtained NCCAP CE approval.

After one-year, all approved courses must be renewed, along with payment of the applicable renewal fee for the course and the \$50.00 fee to be an "Approved CE Educator".

The Emblem must not be altered, modified or changed in any way and must not be used to misrepresent your affiliation with NCCAP as solely an "Approved CE Educator".

Contact NCCAP with any questions: info@nccap.org.



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DECLARATION		
I have reviewed and will comply with NCCAP Continuthese requirements to all instructors, sponsors and standards and requirements.	•	
Name	Title	
Signature	Date	
PAYMENT		
 Check: "NCCAP", 317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462 Credit Card: 		
I authorize NCCAP to charge my credit card for charges associated to my application:		
Credit Card Number:		
Expiration Date:		
CVS on back of card:		
Zip Code associated with this card:		

The NCCAP Education Committee will review this application and attachments to determine that NCCAP standards are met.