



## National Certification Council for Activity Professionals

National Center for Montessori and Learning  
3015 Upton Drive Ste 103  
Kensington, Maryland 20895 USA  
T: 757-552-0653 E: [info@nccap.org](mailto:info@nccap.org)

### Montessori Dementia Engagement Certification (MDEC)

Name:		
Date of Birth:	Last 4 of SS#:	Phone:
Address:		
City:	State:	ZIP Code:
Email:	Today's date:	
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
<b>SUPPORTING DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION (INITIAL EACH BOX)</b>		
	I have included a copy of either my GED, High School Diploma or college transcript	
	I have included a copy of my current NCCAP Certification to demonstrate sufficient work experience of at least 2 years working with people with dementia	
	I have included a letter(s) on company/official letterhead stating that I have sufficient work experience of at least 2 years working with people with dementia.	
	I have included copies of certificates of Continuing Education (CE) for a total of 20 hours	
	I have included a copy of my MDEC Course Completion Certificate - <i>"From Can't to Can Do!: Using the Montessor Approach"</i>	
	I have included my \$30.00 payment for MDEC application and understand that Certification is good for 1 year and must be renewed annually by submitting 10 additional Continuing Education (CE) hours and paying the \$30 renewal fee	

Example of acceptable experience letters and certificates for Continuing Education (CE) are provided for your reference.

#### DO NOT SEND ORIGINALS

1<sup>st</sup> STEP: CREATE A PRIVATE AND SECURE INDIVIDUAL ONLINE ACCOUNT ON: [WWW.NCCAP.ORG](http://WWW.NCCAP.ORG)

2<sup>nd</sup> STEP: UPLOAD ALL REQUIRED APPLICATION DOCUMENTS INTO YOUR ONLINE ACCOUNT

OR SEND VIA US MAIL TO: NCCAP, 3015 Upton Drive Ste 103 Kensington, MD 20895

FOR ASSISTANCE: (757) 552-0653 or Email: [info@nccap.org](mailto:info@nccap.org)

#### PAYMENT

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

**CREDIT CARD:** Pay through our secure online payment portal on [www.nccap.org](http://www.nccap.org).

**US MAIL:** Check, Cashier's Check or Money Order. Do not send cash.

If your check is returned for insufficient funds, a fee will be charged of \$60.

PLEASE READ AND SIGN THE FOLLOWING PAGE



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### DISCLAIMER

The Standards and Certification programs of NCCAP have been developed and revised through years of surveying and research. By applying for Certification, the applicant agrees to comply by and with these Standards. By applying for Certification, the 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 affect his or her right to obtain gainful employment.

### DECLARATION

#### I acknowledge that it is my responsibility:

1. To keep NCCAP informed of any name, address or email change.
2. To keep my Certification current by or before the expiration date.

#### I acknowledge that:

1. After completion of course requirements, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Certification.
2. After the expiration date of my Certification, I have sixty (60) days in which to submit my application form, required documentation and applicable fees for Renewal of my Certification.
3. If I am delinquent in my submission, NCCAP applies the following policy:
  - A. My file will be kept for one (1) calendar year during which time I may complete any outstanding requirements for Certification or Renewal.
  - B. I am not permitted to use my Certification title or claim until it is formally issued or renewed by NCCAP, nor during the time it has expired.
  - C. My Certification will be suspended after the expiration date for Renewal and my name removed from the NCCAP registry.
  - D. If I fail to respond within one (1) year after expiration of my renewal date and want to become Certified, I must resubmit all required documentation to verify compliance with Certification standards and fees.

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

Applicant's Name (printed): \_\_\_\_\_

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



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### SAMPLE LETTER OF EXPERIENCE

***This template must be completed on company/official letterhead and signed by an authorized person who verifies you have at least 2 years of experience working with people with dementia.***

Date Written: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

#### **Signature and Title of person authorized to verify experience:**

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month / Day / Year)



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### Sample Certificate of Continuing Education Hours

_____ Name of Sponsor/Sponsoring Association	
<i>Certificate of Attendance</i>	
This is to document that	
_____ Name of Participant	_____ Title of Education Session
for _____ clock hours on _____ Date	at _____ City and State
Presented by:	
_____ Instructor's Name	_____ Instructor's Credentials
Signature of sponsor or instructor: _____	
NCCAP Pre-Approval Number (optional): _____	