



National Certification Council for Activity Professionals

National Center for Montessori and Aging
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NCCAP MEMBER CERTIFICATION VERIFICATION

*It is the policy of NCCAP to verify the certification status of a member when requested.
The name and certification number of the member are provided.*

*The purpose of this document is to verify the status of the certification and expiration date
of the following individual:*

INDIVIDUAL'S NAME: _____

NCCAP CERTIFICATION NUMBER: _____

THIS INDIVIDUAL IS CURRENTLY CERTIFIED.

CERTIFICATION LEVEL: _____

EXPIRATION DATE: _____

(Note that NCCAP requires Certification Renewal every 2 years)

**NCCAP DOES NOT HAVE A RECORD THAT MATCHES THIS INFORMATION. PLEASE VERIFY THE
NAME AND CERTIFICATION NUMBER WITH THE INDIVIDUAL.**

AUTHORIZED NCCAP SIGNATURE: _____

AUTHORIZED NCCAP NAME PRINTED: _____

TODAY'S DATE: _____