



**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

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**NCCAP Board Candidate Profile**

Dear Candidate:

You have been selected as a candidate for Election. To fulfill this commitment, please provide the following information for the Nominating Committee. The Committee will review your application, and should your qualifications not meet the NCCAP requirements set forth in our by-laws, you will be notified by a member of the Committee and will not be considered for the current elections.

NCCAP  
NCMA  
3015 Upton Drive  
Kensington, MD 20895  
PHONE (757) 552-0653 | FAX (757) 552-0491  
info@nccap.org

**Please Print Clearly or Type**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

\_\_\_\_\_*Thank you for your consideration, however, I am unable to make the commitment at this time for such a Volunteer Service position. Please remove my name from the selection process. (If interested in being nominated as a candidate for election, please continue the application.)*

**Level of Certification:** APC \_\_\_\_\_ ADC \_\_\_\_\_ ACC \_\_\_\_\_

**Education:** High School \_\_\_\_\_ GED \_\_\_\_\_ Associates \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_

**Are you or have you been employed in the care and service of Senior Residents within the past two (2) years?** Yes No

**Position:** Activity Director \_\_\_\_\_ Assistant \_\_\_\_\_ Consultant \_\_\_\_\_ Volunteer Coordinator \_\_\_\_\_



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## NCCAP Board Candidate Profile

**Type of Facility or Community:** SNF \_\_\_\_\_ AL \_\_\_\_\_ Retirement \_\_\_\_\_ Other \_\_\_\_\_

**Facility or Community Name:** \_\_\_\_\_

**Work Responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor:** NCCAP Basic/ Advanced MEPAP Course \_\_\_\_\_ College \_\_\_\_\_ Independent \_\_\_\_\_

**Consultant:** Independent \_\_\_\_\_ Corporation \_\_\_\_\_ Volunteer Experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you active in your State/Local Activity Director organization?** Yes No

**State/Local Association Name** \_\_\_\_\_

**Current/Past Offices held** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you active in other professional organizations relevant to the activity profession?** (Please name/offices held)

\_\_\_\_\_  
\_\_\_\_\_

**Interest/skills**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **NCCAP Board Candidate Profile**

**NCCAP Mission Statement:**

**Please relate how NCCAP has worked for you in your professional life, and relate any aspirations you have if elected to the position.**

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**To complete this profile all candidates are required to:**

- Submit two (2) letters of recommendation.
- Enclose a copy of your NCCAP Certification card

**With my signature, this is to verify that all information provided in this application is accurate and verifiable to the best of my knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Candidate Signature

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Nomination Chair

**Note:** The NCCAP Board of Directors makes all final decisions with regard to acceptance as a Board Candidate.

**Additional comments may be included below.** (Include additional pages if needed.)