



National Certification Council for Activity Professionals

National Center for Montessori and Aging
 3015 Upton Drive Ste 103
 Kensington, Maryland 20895 USA
 T: 757-552-0653 E: info@nccap.org

Activity Certification 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:			
Today's Date:	Last 4 of SSN:	Phone:	
Mailing Address:			Apt.
City:	State:	ZIP:	
Personal Email:			

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

LEVEL CHANGE REQUEST	
Current Certification Level & Number:	
Certification Level Requested:	<input type="checkbox"/> Activity Professional Certified (APC) <input type="checkbox"/> Activity Director Certified (ADC) <input type="checkbox"/> Activity Consultant Certified (ACC)

NATIONAL EXAM REQUEST	
_____	I have taken and passed my National Exam on _____ (Test Date)
_____	I need to take the National Exam. (\$90 fee in addition to application fee)

YOU ARE ONLY REQUIRED TO SUBMIT INFORMATION PERTAINING TO THE UNMET REQUIREMENTS FOR YOUR LEVEL CHANGE
<p>If you have any questions on what you need to level change please contact our office and/or submit a request to info@nccap.org with subject title: Your First and Last name-What Do I Need?</p> <ol style="list-style-type: none"> 1. Education Requirements: Please include your High School Diploma/College Degree and/or Transcripts 2. Experience Requirement: Please include your letter of experience that is on company letterhead Activity experience letter format is available on NCCAP.org for reference. (Note: APAC automatically level changes to APC when the required number of document work experience is obtained) 3. Modular Education Program for Activity Professionals (MEPAP): Please include MEPAP 1 and MEPAP 2 Certificates 4. Continuing Education: Please include the Continuing Education Hours you need for Level Change



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DISCLAIMER AND DECLARATION

Declaration

I acknowledge that it is my responsibility:

- To notify NCCAP of any name, demographic changes, and/or email as NCCAP's main communication with activity professionals is done through email.
- 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 **thirty (30) 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 30th 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 am aware that if the level change is approved it will **NOT** change my expiration date and I am still responsible for renewing prior to my expiration date.

I acknowledge that falsification or misrepresentation of information or supporting documentation at any time during the Certification process can lead to NCCAP's refusal to certify me. While certification promotes and maintains quality, it does not license or confer a right or a privilege upon you or otherwise define the qualifications of any healthcare professional. 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 will hold NCCAP harmless from any result of such reference checks.

Please visit www.nccap.org for fee Schedule.

I authorize NCCAP to charge my credit card for charges associated to my application:

We accept the following cards: VISA, MASTERCARD, OR DISCOVER

Credit Card Number: _____

Expiration Date: _____

CVS on back of card: _____

Billing Zip Code: _____

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 4-6 weeks for the level change application to be processed. During this time online profile will not be accessible.

Signature of Applicant: _____

Date: _____