



National Certification Council for Activity Professionals

National Center for Montessori and Aging
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Retirement Status Application

APPLICANT INFORMATION			
All information must be properly filled out. Any missing information will cause a delay in the review process of application.			
Last Name:	First Name:	Middle Name:	
Today's Date:	Last 4 of SSN:	Phone:	
Mailing Address:			Apt.
City:	State:	ZIP:	COUNTRY:
Personal Email:			
Current Certification Level & Number:			

EMPLOYMENT HISTORY			
Are you currently employed?	Yes	No	If yes, you do not qualify for Retired Status.
Former Employer:			
Work Address:			
City:	State:	Zip:	

AFFIRMATION	
<p>By submitting this application, I hereby request to be registered as "Retired" with NCCAP. I understand that this is not a Certification and indicates that I no longer work in the field of activities. If I choose to re-enter the field of activities, I understand I am required to apply for Initial Certification and meet the current NCCAP Certification Standards. I understand that I am required to pay the applicable renewal fee every two years. Please visit www.nccap.org for Fee Schedule.</p> <p>I authorize NCCAP to charge my credit card for applicable fees: We accept the following cards: VISA, MASTERCARD, OR DISCOVER</p> <p>Credit Card Number: _____</p> <p>Expiration Date: _____</p> <p>CVS on back of card: _____</p> <p>Billing Zip Code: _____</p> <p><i>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.</i></p> <p>Please allow 4 weeks for your retired status application to be processed. During this time your online profile is not accessible.</p>	
Signature of Applicant:	Date: