



CCP
Certified Childcare
Professional

The NECPA Commission, Inc.
P.O. Box 2948 • Merrifield, VA 22116 • www.necpa.net
1.855.706.3272 phone • 1.571.210.4818 fax

Certified Childcare Professional Form

- In order to renew your Certified Childcare Professional (CCP), you must participate in 24 clock hours of continuing education every 2 years. Continuing Education must relate to the CCP's 9 Professional Ability Areas and may include the following areas:

- Learning Environments
- Curriculum
- Child Development
- Assessing and Planning
- Health and Safety
- Professional Development

A detailed list of the CCP Area Abilities can be found on our website at www.necpa.net.

- You will be sent a reminder email 6 months and then 3 months prior to your 2 year CCP expiration date.
- **Every missed renewal year requires submission of 12 clock hours of Continuing Education.**
- CCP renewal training is due on or before the expiration date of your CCP. Continuing education must have taken place during your effective date and expiration date
- The CCP Renewal Form will be reviewed within 4 weeks of the receipt date. Written results from this review will be mailed to you using the contact information listed on your CCP Renewal Form.

How To Complete Your Renewal Form

- Complete the CCP Renewal Form in its entirety. Submitted forms that are not completed will be returned.
- Submit the completed CCP Renewal Form.
- Submit a copy of your most recent CCP Certificate.
- Submit a copy of your training certificates. Please note, each training certificate must include:
 - The date of the training
 - The number of training hours
 - The Instructor's name
 - The title of the training
- If you have completed college coursework and are using this training to renew your CCP, please submit a copy of your unofficial transcript, showing:
 - Your name
 - The semester in which the course was completed

Return the completed CCP Renewal Form to The NECPA Commission, Inc. by postal mail or fax:

By Mail: The NECPA Commission, Inc., Attn: Professional Development Department, PO Box 2948 Merrifield, VA 22116

By Fax: 1.571.210.4818 Attn: Professional Development Department



Certified Childcare Professional(CCP) Renewal Form

CCP Account Number: _____

Prefix (Select One): Ms. Mrs. Mr. Dr. Name: _____ Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Cellular Phone Number: _____

Email Address: _____

Current Employer: _____

Employer Address: _____

Employer City, State, Zip Code: _____

Employer Phone Number: _____ Employer Fax Number: _____

Order Placement

Please Choose One

Current Certified Childcare Professional (not expired)	\$49.95		
1 Month Grace Period (1 – 30 days past your expiration date)	\$54.95		
2 Month Grace Period (31 – 60 days past your expiration date)	\$59.95		
3 Month Grace Period (61 – 90 days past your expiration date)	\$64.95		
4 Month Grace Period (91 – 120 days past your expiration date)	\$69.95		
CCP Renewal Forgiveness Fee (Expiration Year 2019)	\$79.95		
CCP Renewal Forgiveness Fee (Expiration Year 2018)	\$89.95		
CCP Renewal Forgiveness Fee (Expiration Year 2017)	\$99.95		
CCP Renewal Forgiveness Fee (Expiration Year 2016)	\$109.95		
CCP Renewal Forgiveness Fee (Expiration Year 2015)	\$119.95		
(Optional) Expedite Results? Yes <input type="checkbox"/> No <input type="checkbox"/> Method: Fax <input type="checkbox"/> Email <input type="checkbox"/> USPS Priority If yes: \$15(fax or email) \$30 (USPS)			

*Fees are non-refundable and non-transferable. A\$35.00 fee will be assessed on all returned checks.

TOTAL:

Payment Information

Check (payable to NECPA)	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>
Credit Card Number: _____	Expiration: ____/____/20 MM/YYYY		
Name on Card (Please Print): _____			
Signature: _____			

Agreements

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have included my CCP Renewal Form, a copy of my most recent CCP Certificate, a copy of each training, the number of training hours, the Instructor's name and title of training.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	By my signature below, I authorize The NECPA Commission, Inc. to verify that I have received my CCP with any third party.

Name (Please Print) _____

Signature _____

Date _____

CCP Account Number:

Documentation Summary

Title of Class/Workshop (List each class separately)	Type of Training (Conference, workshop, college course)	Date Training Completed	Number of Hours
TOTAL Number of Training Hours (required)			

Please print as many sheets as necessary to document your training
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