



NECPA Verification Visit On Hold Request

The purpose of this form is to notify the NECPA Commission that your program is requesting to place the scheduling of your verification visit on hold for a period of time specified on this form.

This hold period shall not exceed 6 months.

Please Note:

1. When a program's verification request is placed on hold, the NECPA Office will cease the scheduling of the verification visit until the **On Hold End Date** requested on this form.
2. The NECPA Office will schedule your verification visit within **120 days** from the **On Hold End Date** as indicated below by the program.

Program Information

Program Name:		NECPA Site Number:		
Accreditation Expiration Date:		Enrollment Expiration Date:		
Address:				
City, State, Zip Code:				
Director:				
Phone Number:				
Fax Number:				
Email Address:				
On Hold Start Date:		On Hold End Date:		
Future Block Out Dates (One date per box):	1)	2)	3)	4)
				5)

**Please choose the five block out dates that you do not want a verification visit to occur. These dates should begin after your On Hold End Date.*

Agreements

1)	As the Authorized account user, I am requesting that the NECPA Office places my program's verification visit scheduling on hold for a period of my choosing, not to exceed 6 months. I understand the Verification Visit Request Fee must be paid in full at the time of submitting this request. I also understand that I must re-submit the NECPA Verification Visit On Hold Status Request Form if my program needs to modify the On Hold End Date. I understand that my verification visit will be scheduled within 120 days from the On Hold End Date. I understand that if my program requires more than the permitted five future block out dates, I must submit the NECPA Additional Block Out Day Fee Form.
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Name (Please Print)

Signature

Date

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