

Encouraging Quality... Recognizing Excellence.

PO Box 2948 Merrifield, VA 22116 1-855-706-3272 phone 1-855-806-3272 fax necpa@necpa.net www.NECPA.net

NECPA Enrollment Application

The purpose of this form is to notify the NECPA Commission that you wish to enroll your program in the self-study process for the purpose of earning NECPA Accreditation. If your program has previously been accredited, please use the <u>NECPA Re-Enrollment Application</u>.

earning NEOF A Accreditation	. If your program has previously b		ise use the <u>NEOFA Re-Ellic</u>	oliment Application.				
Program Information								
Program Name:		Year Established:						
Street Address:								
City, State, Zip Code:								
Shipping Address (if different from	above):							
Director:		Program E-Mail Address:						
Phone Number:		Fax Number:						
Owner:		Select One:	Center Based	Home Based				
Alternate Contact:		Alternate Phon	ate Phone Number:					
State License Number:		License Capacity:						
Number of Classrooms:		Number of Buildings:						
Is your program working with a third-party consultant during the self-study phase?	Office on your behalf, pleas	n the consultant permission to communicate with the NECPA se indicate their information below. to communicate must be submitted to the NECPA Office in writing)						
Yes No	Consultant Name:		Consultant E-Mail:					
Select the following if you would like to receive information about NECPA's professional development services:		Certified Childcare Professional Information (Teachers) National Administrator Credential Information (Directors)						
How did you hear about the NECPA? (Please be specific)								
If your program previously enrolled with the NECPA, but never accredited, please indicate NECPA Site Number:								
Are you currently or have you previously been accredited by another accreditation organization?		Yes No	If "Yes", please indicate to organization so that we me through this transition:	nay further assist you				
FOR OFFICE USE ONLY								
Date Received:			Approval:					
Valid State License:			Notes:					
Lic. Capacity Match:	Edition:							

Order Placement							
Quantity Per Order	Price Per Order	Quantity	Subtotal				
1	\$350.00						
1	\$375.00						
1	\$450.00						
1	\$500.00						
1	\$50.00						
1	\$35.00						
1	\$5.00						
25	\$15.00						
Subtotal							
10% Processing Fee (required)							
Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee. TOTAL							
Payment Information							
Visa	MasterCard	PO or Invoice #:					
Credit Card Number: Expiration:							
Name on Card (Please Print):							
Signature:							
Billing Address:							
Agreements – Please Initial And Sign							
I understand that the NECPA accreditation is valid for three years with the submission of an annual report during each of the accreditation years.							
I understand that a NECPA Accredited program is required to maintain NECPA standards, requirements, and physical plant under which the program is awarded accreditation.							
I understand that the NECPA Commission reserves the right to revoke the accreditation of any program found to be out of compliance with the NECPA standards.							
I understand that the enrollment period lasts for two years from the date of the NECPA Enrollment Letter issued by							
the NECPA Office and that the NECPA Verification Visit Request Form must be submitted within that time period. I have included a copy of this program's current state license with the Enrollment Application Form.							
Signature		Da					
	Quantity Per Order 1 1 1 1 1 1 1 1 1 25 Payment In Visa Nents - Please on is valid for three awarded accree awarded accree on reserves the right asts for two years Verification Visit current state lice	Quantity Per Order 1 \$350.00 1 \$375.00 1 \$450.00 1 \$500.00 1 \$500.00 1 \$550.00 1 \$35.00 1 \$3	Quantity Per Order Quantity				

For more information on NECPA news, policies, procedures, amendments and updates, please visit www.necpa.net.