

Program Name:

NECPA Site Number:

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 Change in Program Ownership Form

The purpose of this form is to notify the NECPA Commission that your program has changed ownership. From the date of ownership change, your program will be granted a six month Accreditation Extension. Your program will have six months to complete the Self Assessment Instrument and schedule a Verification Visit in order to maintain your program's current accreditation. PLEASE SUBMIT THIS FORM WITH FEES TO THE NECPA OFFICE IN ORDER TO BE ELLIGLE FOR A 6 MONTH EXTENSION.

Program Information

ddress:							
City, State, ZipCode:							
Director:			ddress:				
Phone Number:			Fax Number:				
_icensedCapacity:			State License Number (current/new):				
Number of Classrooms:			Number of Buildings:				
Emergency Contact:			ne:				
Vould your program be willing to allow the erifiers? Yes No	e NECPA to use	your verific	ation visit as a trai	ning opportunity	for NECPA		
Days of Operation (check all that apply):	Monday T	uesday	Wednesday	Thursday	Friday		
lours of Operation (please indicate):							
C	hange in Pro	gram O	wnership				
Program owner upon accreditation:							
New program owner:							
Date of program ownership change:							
Program name upon accreditation:							
New program name:							
Date of program name change:							
Did your program's license number and	_			. •	No		
If your program answered, "Yes", pleas		_	•				
My program was issued a probation	•						
My program was issued a provisio							
My program's license number chai	nged. Date of cha	ange in lice	ense number:		 		
Other:							

Order Placement

NECPA Payment Schedule (Based on licensed capacity)	Quantity Per Order	Price Per Order	Relocation, Expedited Verification Visit Fee	Number of Orders	Subtotal	
Application fee for 7-60 Children	1	\$350.00	N/A			
Application fee for 61-120 Children	1	\$375.00	N/A			
Application fee for 121-240 Children	1	\$450.00	N/A			
Application fee for 240+ Children	1	\$500.00	N/A			
Verification fee for 7-60 Children	1	\$1,050.00	\$500.00			
Verification fee for 61-120 Children	1	\$1,150.00	\$500.00			
Verification fee for 121-240 Children	1	\$1,250.00	\$500.00			
Verification fee for 241+ Children	1	\$1,350.00	\$500.00			
				Subtotal	\$	
			Processing Fee (10%	6of Subtotal)	\$	
Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee. Total						

Payment Information

Check # (Payable to NECPA):		Visa	Mastercard	PO or Invoice #:						
Cred	Expiration:									
Nam	Name on Card (Please Print):									
Signature:										
Billing Address:										
Agreements										
1)	I will answer each question in the yellow and blue sections of the Self Assessment Instrument or give a written explanation in the comment section if the question is not applicable to my program.									
2)	I will complete my Self Assessment Instrument and collect surveys from at least 70% of my full and part time staff and 50% of the families we serve.									
3)	I understand that if I deny my proposed verification visit date for any reason, my program's accreditation will be immediately revoked, forfeiting the six month accreditation extension.									
4)	I understand that my visit will be scheduled within 120 days once the NECPA office receives this form and payment in full.									
Nam	e (Please Print)	Signature		Date						

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