



National Association of Activity Professionals
CREDENTIALING CENTER

Application-Activity Professional AP-BC NAAP Credentialing Center Certification

Name _____ Date _____

Full mailing address _____ Apartment # _____

_____ P.O. Box _____

City _____ State/Prov. _____ Zip _____

Phone H # _____ W # _____ C # _____

Email address: _____

Facility/Community/Company _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Work email _____

How did you hear about the Credentialing Center? _____

I Do ___ I Do Not ___ give NAAP Credentialing Center permission to share information with me via email.

Currently applying for:

___ Activity Professional-Board Certified (AP-BC)

___ Path 1 ___ Path 2 ___ Path 3 ___ Path 4 ___ Path 5

Submit the appropriate documentation/verification required of your path as well as the attached forms for Education, Experience, Continuing Education, Course and Exam where applicable.

Pease Note: Application Fee is **non-refundable**. If all required documentation is not included and not received within 3 months of notification, the application will be denied.

Certification Fees	
Activity Professional-Board Certified (AP-BC) \$85	
Payment Options: ___ Check ___ Certified Check ___ Money order ___ Credit Card	
Number _____	Expiration Date _____ 3 digit code (on back) _____
Signature _____	Date _____

EDUCATION

Please complete the portions of this page that apply to the Path you are following:
 _____ Path 1 _____ Path 2 _____ Path 3 _____ Path 4 _____ Path 5

GED/HS/College/University	State	Dates Attended	Major	Degree Awarded
		to		
		to		
		to		

An official copy of your college transcript must also be sent with this application.

WORK EXPERIENCE

Complete the portions of this page that apply to the Path you are following. Also submit the written verification required per the Standards. Follow the path for the number of years within which employment must have occurred prior to this application. (All "other" positions must serve long-term care and be primarily an activity position) Figure 2000 hours for each full time year (40 hour week).

AP-BC _____ Path 1 _____ Path 2 _____ Path 3 _____ Path 4 _____ Path 5

Employer _____ Phone _____
 Street address _____ P.O. Box _____
 City _____ State _____ Zip code _____
 Type of agency: please check all that apply
 Skilled Nursing Care Assisted Living Retirement Community
 Alzheimer/Dementia Adult Day Program Other _____
 Name of Supervisor _____ Title _____
 His/Her Phone number _____ Ext _____ Email _____
 Employment dates: Beginning _____ Ending _____
 Job Title _____ Full time _____ Part time _____
 Total number of hours worked for this employer _____

Employer _____ Phone _____
 Street address _____ P.O. Box _____
 City _____ State _____ Zip code _____
 Type of agency: please check all that apply
 Skilled Nursing Care Assisted Living Retirement Community
 Alzheimer/Dementia Adult Day Program Other _____
 Name of Supervisor _____ Title _____
 His/Her Phone number _____ Ext _____ Email _____
 Employment dates: Beginning _____ Ending _____
 Job Title _____ Full time _____ Part time _____
 Total number of hours worked for this employer _____

DISCLAIMER AND DECLARATION

This Declaration must be signed.

Confidentiality Release (optional): I agree that my email address may be used for purposes of sending NAAP Credentialing Center information only. Your email address will not be given or sold to any outside entity.

Signature

Date

DECLARATIONS – NAAP CREDENTIALING CENTER AGREEMENT

NAAP Credentialing Center Agrees to process your application for certification subject to your agreement to the following terms and conditions:

1. To be bound by and in compliance with all NAAP Credentialing Center Paths and Standards and rules relating to eligibility, renewal and re-certification, including but not limited to, demonstration of educational, experience, continuing education and course or exam requirements, payment of any applicable fees, and compliance with all NAAP Credentialing Center verification and documentation requirements.
2. To authorize NAAP Credentialing Center to release/publish, at the sole discretion of NAAP, Credentialing Center any information regarding your certification or re-certification to State or Federal organizations/agencies, State or National Associations, other health-care organizations, employers or the public.
3. To hold NAAP Credentialing Center harmless and to waive, release and exonerate NAAP Credentialing Center, it's officers, committee members, employees, directors and agents from any claims that you may have against NAAP Credentialing Center arising out of NAAP Credentialing Center's review of your application or eligibility for certification, renewal, or re-instatement, or issuance of a sanction or other decision.
4. To provide information in the application that is accurate. You agree to revocation or other limitation of your certification, if granted, should any statement made/documentation provided with this document or hereafter supplied to NAAP Credentialing Center be found to be false or inaccurate or if you violate any of the standards, rules or regulations of NAAP Credentialing Center.
5. To keep NAAP Credentialing Center appraised of any name/contact information changes. NAAP Credentialing Center shall not be held responsible if not informed by applicant of said changes.
6. To keep my certification renewed every two years. NAAP Credentialing Center will remind me of my renewal at least 3 months in advance. However, it is my responsibility to keep up with my renewal dates and renew on time. Should said reminder not arrive it will be my responsibility to follow NAAP Credentialing Center requirements for late payment or reinstatement
7. To agree that by signing this document, NAAP Credentialing Center has the right to verify any information supplied on/with this document with the appropriate entities. I agree to hold NAAP Credentialing Center harmless from any results of verification checks.

Printed name

Signature

Date

Thank You for Applying for NAAP Credentialing Center Board Certification
Permission granted to reproduce by NAAP Credentialing Center

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NAAP Credentialing Center 224 N. Millbrook Court Aurora, CO 80018 Phone 303-317-5682

www.NAAPCC.net