



# Application-Consultant/Educator AC-BC NAAP Credentialing Center Certification

Name \_\_\_\_\_

Full mailing address \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone H# \_\_\_\_\_ W# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Facility/Community/Company \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

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 Consultant/Educator-Board Certified (AC-BC)

Path 1 \_\_\_\_\_ Path 2 \_\_\_\_\_

Note: If seeking a level change from AP-BC to AC-BC you do not have to submit any required documentation previously submitted with your AP-BC application.

**Please Note:** The 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.

<b>Application Fee</b>	
<b>Activity Consultant/Educator-Board Certified (AC-BC) \$95</b>	
<b>Payment Options:</b> _____ Check _____ Certified Check _____ Money Order _____ Credit Card	
<b>Number</b> _____	<b>Expiration Date</b> _____ <b>3 Digit Security Code</b> _____
<b>Signature</b> _____	<b>Date</b> _____

## EDUCATION

Please complete the portions of this page that apply to the Path you are following: AC-BC Path 1 \_\_\_\_\_ AC-BC Path 2 \_\_\_\_\_

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

**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).

AC-BC Path 1 \_\_\_\_\_ AC-BC Path 2 \_\_\_\_\_

**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 \_\_\_\_\_

**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** \_\_\_\_\_

**CONTINUING EDUCATION**

Submit a copy of written verification of all continuing education, per the Standards. **DO NOT** send original copies of certificates, they will not be returned to you.

Event: Workshop, Seminar, Webinar, etc	Date(s)	# CE Hours	Topic Area	Face -Face

\*You may use another sheet if necessary or the reverse of this page.

Path 1 \_\_\_\_\_ Path 2 \_\_\_\_\_

**NAAP CREDENTIALING CENTER COMPETENCY EXAM**

Date Exam was taken \_\_\_\_\_ Pass % \_\_\_\_\_

**Don't forget to include with this Application Packet:**

- Verification of Education
- Verification of Work Experience on Letterhead include dates, duties and total hours
- Copies of Certificates of Attendance for the required number of CE hours
- Verification of all Consulting Experience (at least 3 of the six categories)
- Exam Certificate

## Consulting/Educating Experience

Complete the portions of this page that apply to the Path you are following. Submit required written verifications per the Standards. Must meet Consulting Standards in 3 of the 6 categories. Refer to the Standards for consulting/educating allowances.

**AC-BC Path 1 (200 hours)**

**AC-BC Path 2 (300 hours)**

### Actual Consulting:

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Dates \_\_\_\_\_ Attach Letters of Verification

Total consulting hours \_\_\_\_\_

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### Author of Book, Magazine Articles:

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Dates \_\_\_\_\_ Attach Copies

Total consulting hours \_\_\_\_\_

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### Educational/Teaching Sessions:

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Dates \_\_\_\_\_ Attach Copies of Certificates

Total consulting hours \_\_\_\_\_

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### Supervision of Staff/Interns:

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Dates \_\_\_\_\_ Attach Letters of Confirmation

Total consulting hours \_\_\_\_\_

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### Other:

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Dates \_\_\_\_\_ Attach Verification

Total consulting hours \_\_\_\_\_

Total hours of consulting/educating experience listed above \_\_\_\_\_

**DISCLAIMER AND DECLARATION**

This Declaration must be signed.

Confidentiality Release (optional): I agree that my email address may be used for purposes of sharing 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 apprised 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  
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