

NCCAP opens a window for ADC Track 6

Based on overwhelming communication from individuals in the activity profession and in turn a formal written request from two individuals representing their state activity associations, the NCCAP Board of Directors has approved a temporary ADC Track 6 certification track.

Rationale – To give those individuals that have no college the opportunity to apply for NCCAP certification utilizing their numerous years of activity experience, the knowledge that they have learned about the foundation and management of activities from their NCCAP approved MEPAP instructors the opportunity to become credentialed agents of change to be respected for their role in person centered care of their clients.

Requirements

NCCAP offers ADC Track 6 for individuals that completed the entire MEPAP course (90 hr Basic Activity Course and 90 hr Advanced Management Course) after 2001 and therefore do not meet the terms of the ADC track 5 applicant. In addition to the completion of MEPAP, these individuals have the established experience, and ongoing continuing education to effectively implement their job responsibilities and duties. ADC Track 6 would give the applicant an opportunity to apply for certification as a director.

ADC Track 6 requirements must include:

1. High school diploma and/or GED
2. the MEPAP course(s) - MUST have been completed between (2002 - present) – verified by submitting a certificate of completion, signed by the instructor. • Date(s) course completed (start date) _____ (end date) _____ • Name of the instructor _____ Credentials _____
3. 6 years (12,000 hours) of current activity experience –within the past 10 years
4. 40 hours of continuing education – 20% (8 hours) of which specifically addresses activity documentation (MDS, care planning etc).
5. Pass NCCAP Exam

IF you meet the above criteria:

1. complete the current NCCAP application
2. complete this ADC Track 6 form
3. submit the required documentation per NCCAP standards
4. submit the appropriate fee(s)
5. You will then be notified by NCCAP concerning the exam

Personal Information

Name _____ Email _____

Address _____

Phone _____ Fax _____

THERE ARE NO EXCEPTIONS to the above. Applicant agrees to accept certification at another level (if applicable) if this level cannot be granted.

_____ Applicant signature _____ Date

***The ADC Track 6 initial time frame will be from January 1, 2017 - July 1, 2017, at which time the NCCAP Board of Directors will evaluate further.