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NECPA Re-Verification Visit Request Form

The purpose of this form is to notify the NECPA Commission that your program has completed the self study portion of the NECPA accreditation process, reviewed the deferred items and is ready to begin scheduling your re-verification visit.

Program Information

Program Name:

NECPA Site Number:

Address:

City, State, Zip Code:

Director:

Phone Number:

Fax Number:

Email Address:

Licensed Capacity:

State License Number:

Number of Classrooms:

Number of Buildings:

Emergency Contact:

Telephone:

Would your program be willing to allow the NECPA to use your verification visit as a training opportunity for NECPA Verifiers? Yes No

Days of Operation (check all that apply):

Monday Tuesday Wednesday Thursday Friday

Hours of Operation (please indicate):

Order Placement

NECPA Payment Schedule	Quantity Per Order	Price Per Order	Subtotal
Re-Verification Visit Fee	1	\$950.00	\$950.00
Subtotal			\$950.00
Handling Fee (10% of Subtotal)			\$95.00
TOTAL			\$1,045.00

Payment Information

Check	Visa	MasterCard	American Express
Card No.:			Expiration:
Name on Card (Please Print):			
Signature:			
Agreements			
1)	Our program has completed the self study portion of the NECPA Accreditation process, reviewed the deferred items and is ready for the NECPA Commission to begin scheduling a re-verification visit.		

Name (Please Print)

Signature

Date