

Encouraging Quality...

Recognizing Excellence.

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NECPA 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 and that you are ready to begin scheduling your verification visit.
PLEASE RETURN THIS FORM TO SCHEDULE A 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 (Based on licensed capacity)	Quantity Per Order	Price Per Order	Number of Orders	Subtotal
Verification fee for 7-60 Children	1	\$1,000.00		
Verification fee for 61-120 Children	1	\$1,100.00		
Verification fee for 121-240 Children	1	\$1,200.00		
Verification fee for 241+ Children	1	\$1,350.00		
Subtotal				\$
Handling Fee (10% of Subtotal)				\$
TOTAL				\$

Payment Information

Check	Visa	MasterCard	American Express
Credit Card Number:			Expiration:
Name on Card (Please Print):			
Signature:			
Agreements			
1)	Our program has completed the self study portion of the NECPA accreditation process. At least 50% of our parents and 70% of our staff have returned their surveys. We are ready to schedule a verification visit.		

Name (Please Print)

Signature

Date