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www.necpa.net

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): | | | | | |
| Block Out Dates*: | 1) | 2) | | 3) | |
| | 4) | 5) | | | |

Order Placement

| NECPA Payment Schedule (Based on licensed capacity) | Quantity Per Order | Price Per Order | Number of Orders | Subtotal |
|---|--------------------|-----------------|------------------|----------------------------|
| Re-Verification Visit Fee | 1 | \$950.00** | 1 | \$950.00 |
| Subtotal | | | | \$950.00 |
| Handling Fee (10% of Subtotal) | | | | \$95.00 |
| Fees are non-refundable. | | | | Total \$1,045.00 |
| *Block out dates are any days that your program would not be available for a verification visit. You may have five block out days. Days must be listed above in order of preference and may be consecutive or non-consecutive. | | | | |
| **As of June 1, 2012 program cancellations, changes to block out dates, requests to place program on hold, and/or refusal of dates are subject to additional fees prior to verification visit confirmation. Fees are non-refundable and are subject to change without prior notice. | | | | |

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. |
| 2) | In the event that I place my program's re-verification status on hold, any changes to NECPA standards and fees will be applicable to the program at the time of reactivation of the re-verification visit request. |

Name (Please Print)

Signature

Date

For more information on NECPA news, policies, procedures, amendments and updates, please visit www.necpa.net.