

Payment Information

Check	Visa	MasterCard	American Express
Credit Card Number:			Expiration:
Name on Card (Please Print):			
Signature:			

Agreements

1)	I have answered each question in the yellow and blue sections of the self-assessment instrument or given a written explanation in the comment section if the question is not applicable to my program.
2)	I have completed my self-assessment instrument and have collected surveys from at least 70% of my full and part time staff and 50% of the families we serve.
3)	In the event that I place my program's verification status on hold, any changes to NECPA standards and fees will be applicable to the program at the time of reactivation of the verification visit request.

Name (Please Print)

Signature

Date

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