

Encouraging Quality...



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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.

### Program Information

Program Name:		Enrollment Expiration Date:			
Site Number:		Accreditation Expiration Date:			
Street Address:					
City, State, Zip Code:					
Director:		Email Address:			
Phone Number:		Fax Number:			
Owner:		Select One:      Center Based      Home Based			
State License Number:		License Capacity:			
Number of Classrooms:		Number of Buildings:			
Days of Operation ( <i>Check all that apply</i> ):	Monday	Tuesday	Wednesday	Thursday	Friday
Block Out Dates* ( <i>Only one date per box</i> ):	1)	2)	3)	4)	5)
<small>*Block Out Dates are any days that your program would not be available for a verification visit. You may have five block out days. The NECPA Office is closed on federal holidays and will not conduct verification visits on these days.</small>					
Additional Block Out Dates** ( <i>Optional; Only one date per box</i> ):	1)	2)	3)	4)	5)
<small>**Each additional Block Out Date beyond the permitted five days is subject to a \$25 fee plus processing.</small>	6)	7)	8)	9)	10)

### Visit Scheduling Timeframe

Use the chart below to determine your program's projected scheduling period based on the date of your visit request.

<b>Date of Request:</b>	<b>(+ 4 Months)</b>	<b>Program visit will occur no later than:</b>
<i>Example: October 1, 2017</i>		<i>Example: February 1, 2018</i>
_____		_____

**Scheduling:** Your program's visit will occur within 120 days (4 months) from the date the NECPA Office receives a Verification Visit Request Form with full payment.

**National Accreditation Council (NAC) Review:** The results of your program's verification visit will be issued within 60 days from the date of the visit.

*\*Accredited programs should contact the NECPA Office immediately with any concerns about a lapse in accreditation.*

#### FOR OFFICE USE ONLY

Date Received: _____	Check Number: _____	Active Enrollment (Y/N): _____
Timeline Review: _____	Payment Complete: _____	Notes: _____
Additional B.O.D. (Y/N): _____	Edition: _____	_____

<b>Order Placement</b>				
<b>NECPA Payment Schedule (Based on licensed capacity)</b>	<b>Quantity Per Order</b>	<b>Price Per Order</b>	<b>Check One</b>	<b>Subtotal</b>
Verification fee for 7-60 Children	1	\$1,050.00**		
Verification fee for 61-120 Children	1	\$1,150.00**		
Verification fee for 121-240 Children	1	\$1,250.00**		
Verification fee for 241+ Children	1	\$1,350.00**		
Additional Block Out Date Fee		\$25.00	N/A	
<b>Subtotal</b>				<b>\$</b>
<b>Setup Fee (10% of Subtotal)</b>				<b>\$</b>
Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee.				<b>Total</b>
				<b>\$</b>
**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.				

<b>Payment Information</b>				
<b>Check (Payable to NECPA) #:</b>	<b>Visa</b>	<b>MasterCard</b>	<b>PO or Invoice #:</b>	
<b>Credit Card Number:</b>			<b>Expiration:</b>	
<b>Name on Card (Please Print):</b>				
<b>Signature:</b>				
<b>Billing Address:</b>				

Fees are non-refundable and subject to change without prior notice. All returned checks will incur a \$35 fee.

<b>Agreements – Please Initial and Sign</b>				
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	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.
	I have collected surveys from at least 70% of my full and part time staff and 50% of the families we serve.
	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.
	I understand that if the payment for any Additional Block Out Date listed on page 1 of this form is not authorized in the Order Placement Section of this form, only the first five days listed will be considered in the scheduling process.
	I understand that my visit will be scheduled within 120 days from the date the NECPA office receives this form <u>and</u> payment in full.
	I understand that program cancellations, changes to block out dates, requests to place program on hold, and/or refusal of visit dates are subject to additional fees.
	I understand that my program must be in operation for at least one year prior to submitting the NECPA Verification Visit Request Form.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information on NECPA news, policies, procedures, amendments and updates, please visit [www.necpa.net](http://www.necpa.net).