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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.

Date of Request:	(+ 4 Months)	Program visit will occur no later than:
<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: _____	_____

Order Placement				
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NECPA Payment Schedule <small>(Based on licensed capacity)</small>	Quantity Per Order	Price Per Order	Check One	Subtotal
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	

Subtotal	\$
Setup Fee (10% of Subtotal)	\$
Total	\$

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

**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.

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

Agreements – Please Initial and Sign	
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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.