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NECPA Program Verification Cancellation and Visit Reschedule 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 re-scheduling your verification visit. PLEASE RETURN THIS FORM TO RESCHEDULE A VERIFICATION VISIT.

Program Name:						
NECPA Site Number:						
Address:						
City, State, Zip Code:						
Director:						
Phone Number:			Fax Number:			
Email Address:						
State License Number:		Licensed Capacity:		Number of Buildings:	Number of Classrooms:	
Emergency Contact:			Telephone:			
Days of Operation (check all that apply):		Monday	Tuesday	Wednesday	Thursday	Friday
Hours of Operation (please indicate):						

Order Placement

NECPA Payment Schedule	Quantity Per Order	Price Per Order	Number of Orders	Subtotal
Cancellation fee for 7-241+ Capacity	1	\$625.00*		
Expedited Verification Visit Fee (optional)	1	\$500.00		
Fees are non-refundable and may not be transferred.			Total	\$

Payment Information

Check #:	Visa	MasterCard
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. I have also, prepared and organized all necessary supporting documents for items in my Self Assessment Instrument using the document box labels.
2)	I 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.