

Encouraging Quality...  
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Recognizing Excellence.  
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## NECPA Change in Program Location Form

The purpose of this form is to notify the NECPA Commission that your program has changed locations. From the date of location change, your program will be granted a 6 month Accreditation Extension. Your program will have 6 months to complete the Self Assessment Instrument and schedule your Verification Visit in order to maintain your current accreditation.

PLEASE FILL OUT THE FORM BELOW AND SUBMIT TO THE NECPA OFFICE FOR YOUR 90 DAY EXTENSION.

### 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):		

### Change in Program Location

Program owner upon accreditation:
New program owner (if applicable):
Date of program location change: ____/____/____
Program name upon accreditation:
New program name (if applicable):
Date of program name change: ____/____/____
Did your program's license number and/or status change as a result of this location change? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your program answered, "Yes", please indicate the following action for your license: My program was issued a probationary license. Date of issuance: ____/____/____ My program was issued a provisional license. Date of issuance: ____/____/____ My program's license number has changed. Date of change in license number: ____/____/____

### Order Placement

NECPA Payment Schedule (Based on licensed capacity)	Quantity Per Order	Price Per Order	Relocation, Expedited Verification Visit Fee	Number of Orders	Subtotal
Application fee for 7-60 Children	1	\$350.00	N/A		
Application fee for 61-120 Children	1	\$375.00	N/A		
Application fee for 121-240 Children	1	\$450.00	N/A		
Application fee for 240+ Children	1	\$500.00	N/A		
Verification fee for 7-60 Children	1	\$1,050.00	\$500.00		
Verification fee for 61-120 Children	1	\$1,150.00	\$500.00		
Verification fee for 121-240 Children	1	\$1,250.00	\$500.00		
Verification fee for 241+ Children	1	\$1,350.00	\$500.00		
<b>Subtotal</b>					<b>\$</b>
<b>Handling Fee (10% of Subtotal)</b>					<b>\$</b>
<b>Fees are non-refundable and may not be transferred.</b>					<b>Total</b>
					<b>\$</b>

### Payment Information

Check <input type="checkbox"/> CK#:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	PO or Invoice <input type="checkbox"/>
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)	I understand that if I deny my proposed verification visit date for any reason, my program's accreditation will be immediately revoked, forfeiting the 90-day accreditation extension.

\_\_\_\_\_  
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).