



## Certified Childcare Professional Form

- In order to renew your Certified Childcare Professional (CCP), you must participate in 24 clock hours of continuing education every 2 years. Continuing Education must relate to the CCP's 9 Professional Ability Areas and may include the following areas:

- Learning Environments
- Curriculum
- Child Development
- Assessing and Planning
- Health and Safety
- Professional Development

A detailed list of the CCP Area Abilities can be found on our website at [www.necpa.net](http://www.necpa.net).

- You will be sent a reminder email 6 months and then 3 months prior to your 2 year CCP expiration date.
- **Every missed renewal year requires submission of 12 clock hours of Continuing Education.**
- CCP renewal training is due on or before the expiration date of your CCP. Continuing education must have taken place during your effective date and expiration date
- The CCP Renewal Form will be reviewed within 4 weeks of the receipt date. Written results from this review will be mailed to you using the contact information listed on your CCP Renewal Form.

## How To Complete Your Renewal Form

- Complete the CCP Renewal Form in its entirety. Submitted forms that are not completed will be returned.
- Submit the completed CCP Renewal Form.
- Submit a copy of your most recent CCP Certificate.
- Submit a copy of your training certificates. Please note, each training certificate must include:
  - The date of the training
  - The number of training hours
  - The Instructor's name
  - The title of the training
- If you have completed college coursework and are using this training to renew your CCP, please submit a copy of your unofficial transcript, showing:
  - Your name
  - The semester in which the course was completed

Return the completed CCP Renewal Form to The NECPA Commission, Inc. by postal mail or fax:

**By Mail:** The NECPA Commission, Inc., Attn: Professional Development Department, PO Box 2948 Merrifield, VA 22116

**By Fax:** 1.855.806.3272, Attn: Professional Development Department



## Certified Childcare Professional(CCP) Renewal Form

CCP Account Number:

Prefix (Select One): Ms. Mrs. Mr. Dr. Name: Last Name:

Street Address:

City, State, Zip Code:

Home Phone Number: Cellular Phone Number:

Email Address:

Current Employer:

Employer Address:

Employer City, State, Zip Code:

Employer Phone Number: Employer Fax Number:

### Order Placement

Please Choose One

<b>Current Certified Childcare Professional (not expired)</b>	<b>\$49.95</b>		
<b>1 Month Grace Period (1 – 30 days past your expiration date)</b>	<b>\$54.95</b>		
<b>2 Month Grace Period (31 – 60 days past your expiration date)</b>	<b>\$59.95</b>		
<b>3 Month Grace Period (61 – 90 days past your expiration date)</b>	<b>\$64.95</b>		
<b>4 Month Grace Period (91 – 120 days past your expiration date)</b>	<b>\$69.95</b>		
<b>CCP Renewal Forgiveness Fee (Expiration Year 2017)</b>	<b>\$79.95</b>		
<b>CCP Renewal Forgiveness Fee (Expiration Year 2016)</b>	<b>\$89.95</b>		
<b>CCP Renewal Forgiveness Fee (Expiration Year 2015)</b>	<b>\$99.95</b>		
<b>CCP Renewal Forgiveness Fee (Expiration Year 2014)</b>	<b>\$109.95</b>		
<b>CCP Renewal Forgiveness Fee (Expiration Year 2013)</b>	<b>\$119.95</b>		
Expedite Results? <input type="checkbox"/> Yes <input type="checkbox"/> No Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> USPS Priority <input type="checkbox"/>	If yes: \$15(fax or email) <input type="checkbox"/> \$30 (USPS) <input type="checkbox"/>		

\*Fees are non-refundable and non-transferable. A\$35.00 fee will be assessed on all returned checks.

**TOTAL:**

### Payment Information

Check (payable to NECPA)	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>
Credit Card Number:			Expiration: /20 MM/YYYY
Name on Card (Please Print):			
Signature:			

### Agreements

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I have included my CCP Renewal Form, a copy of my most recent CCP Certificate, a copy of each training, the number of training hours, the Instructor's name and title of training.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	By my signature below, I authorize The NECPA Commission, Inc. to verify that I have received my CCP with any third party.

Name (Please Print)

Signature

Date

CCP Account Number:

**Documentation Summary**

Title of Class/Workshop (List each class separately)	Type of Training (Conference, workshop, college course)	Date Training Completed	Number of Hours
<b>TOTAL Number of Training Hours (required)</b>			