



National Administrator Credential Renewal Form

- In order to renew your National Administrator Credential (NAC), you must participate in **24 clock hours** of continuing education every 2 years. Continuing education must relate to the management and operation of a childcare facility. Please note that trainings related to teaching and the classroom (e.g. arts and crafts, science) **will not qualify**. Continuing education may include the following areas:

- Administration
- Child Development
- Health and Safety
- Curriculum
- Business
- Management

A detailed list of the NAC Competencies can be found on our website at www.necpa.net.

- You will be sent a reminder email prior to your 2 year NAC expiration date.
- **Every missed renewal year requires submission of 12 clock hours of Continuing Education.**
- NAC renewal training is due on or before 30 days prior to the expiration date of your NAC. Continuing education must have taken place during your effective date and expiration date.
- The NAC 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 NAC Renewal Form.

How To Complete Your Renewal Form

- Complete the NAC Renewal Form in its entirety. Submitted forms that are not completed will be returned.
- Submit the completed NAC Renewal Form.
- Submit a copy of your most recent NAC 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 NAC, please submit a copy of your unofficial transcript, showing:
 - Your name
 - The semester in which the course was completed

Return the completed NAC 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



National Administrator Credential (NAC) Renewal Form

NAC 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

Current National Administrator Credential (not expired)	\$59.95		
1 Month Grace Period (1 – 30 days past your expiration date)	\$64.95		
2 Month Grace Period (31 – 60 days past your expiration date)	\$69.95		
3 Month Grace Period (61 – 90 days past your expiration date)	\$74.95		
4 Month Grace Period (91 – 120 days past your expiration date)	\$79.95		
NAC Renewal Forgiveness Fee (Expiration Year 2017)	\$89.95		
NAC Renewal Forgiveness Fee (Expiration Year 2016)	\$109.95		
NAC Renewal Forgiveness Fee (Expiration Year 2015)	\$129.95		
NAC Renewal Forgiveness Fee (Expiration Year 2014)	\$149.95		
NAC Renewal Forgiveness Fee (Expiration Year 2013)	\$169.95		
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 NAC Renewal Form, a copy of my most recent NAC 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 NAC with any third party.

Name (Please Print)

Signature

Date

NAC 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
TOTAL Number of Training Hours (required)			

Please print as many sheets as necessary to document your training