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www.necpa.net

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.

PLEASE RETURN THIS FORM TO SCHEDULE A VERIFICATION VISIT.

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):						
Block Out Dates*:		1) _____		2) _____		
		4) _____		5) _____		

*Block out dates are any days that your program would not be available for a verification visit. You may have five block out days. Days must be listed above in order of preference. The NECPA Office is closed on federal holidays and will not conduct verification visits on these days.

Order Placement

NECPA Payment Schedule (Based on licensed capacity)	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**		
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			
Check (Payable to NECPA) #:	Visa	MasterCard	PO or Invoice #:
Credit Card Number:			Expiration:
Name on Card (Please Print):			
Signature:			
Billing Address:			
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 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.		
4)	I understand that my visit will be scheduled within 120 days once the NECPA office receives this form and payment in full.		
5)	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.		

Name (Please Print)

Signature

Date

For more information on NECPA news, policies, procedures, amendments and updates, please visit www.necpa.net.