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www.necpa.net

## NECPA Deferral 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, reviewed the deferred items and is ready to begin scheduling your deferral 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)	3)		
		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.						

### Order Placement

NECPA Payment Schedule	Quantity Per Order	Price Per Order	Number of Orders	Subtotal
Deferral Verification Visit Fee	1	\$950.00**	1	\$950.00
<b>Subtotal</b>				<b>\$ 950.00</b>
<b>Setup Fee (10% of Subtotal)</b>				<b>\$ 95.00</b>
<b>Total</b>				<b>\$ 1045.00</b>

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)	Our program has completed the self-study portion of the NECPA Accreditation process, reviewed the deferred items and is ready for the NECPA Commission to begin scheduling a deferral verification visit.		
2)	In the event that I place my program's deferral verification status on hold, any changes to NECPA standards and fees will be applicable to the program at the time of reactivation of the deferral verification visit request.		
3)	I understand that my deferral visit will be scheduled within 120 days once the NECPA office receives this form and payment in full.		
4)	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](http://www.necpa.net).