

Missouri Certified Activity Director

PRINT IN INK OR TYPE. ALL INFORMATION MUST BE PROVIDED ON THIS APPLICATION OR IT WILL BE RETURNED OR DELAYED.

Name: _____ Date: _____

Mailing Address: _____ City _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____

Certification Track _____ Are you eligible to be hired in the Health Care Industry: _____

ACADEMIC EDUCATION: Attach Original Required Documentation

High School: _____

College/University: _____ Dates Attended: _____

Degree Awarded and Date: _____

ACTIVITY DIRECTOR COURSE: _____ Instructor: _____

Date: _____ Location: _____ Sponsoring Agency: _____

ACTIVITY EXPERIENCE

Send letters verifying activity experience with this application. Verification letters from Administrator should be the original, on letterhead, stating your title, date of employment, and hours of experience in activities.

CONTINUING EDUCATION

Attach documents for the required number of contact/clock hours. This documentation must include the requirements listed under the General Standards. If any of this information is not indicated on certificates, or if the topic does not clearly apply, attach a written explanation. **DO NOT SEND ORIGINAL CERTIFICATES, SEND COPIES ONLY. THEY WILL NOT BE RETURNED.** List the certificates sent on a separate sheet of paper.

A.D.A.M. Chapter: _____

Number of Certificates submitted _____

Number of clock hours submitted _____

NCCAP Number _____ Copy of Certificate or card _____

DECLARATION

I attest that the information enclosed in this application is, to the best of my knowledge, true and accurate.

Signature

Date