

MISSOURI CERTIFIED ACTIVITIES DIRECTOR

RENEWAL FORM

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Facility: _____

Chapter: _____ Fax NO: _____

Your MCAD certification expires _____

Please renew by returning this form; credentials; and \$15.00.

INSTRUCTIONS:

1. List topics, dates, and hours from past two years. Attach the copies of the certificates to the form in the order listed.
2. Certificates must include the instructor, topic, date, location, hours, and sponsoring agency.
3. Sign, date, and State Certification number below.
4. Enclose \$15.00 **MAKE CHECKS PAYABLE TO A.D.A.M.**
5. Mail to: **Cathy Wolverton, 502 NE Adams Drive, Lee's Summit, MO 64086**
6. NCCAP member provide copy of certificate or card and \$15.00. **MAKE CHECKS PAYABLE TO A.D.A.M.**

COMPLETE:

Topics:	Date:	Clock Hours:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

USE REVERSE SIDE IF NECESSARY

NCCAP Number _____

Total Hours _____

MCAD Certification Number: _____

Signature

Date