

Activity Director Certification Services

Mail original registration and **check or money order** payable to: **Theresa Thorland**
10509 390th Street
Thompson, IA 50478

Fax or email registration and **credit card** information to: 641-584-2870 / dtntt@wctatel.net

Call in credit card information to: **641-390-0223** Secondary: 641-590-2673

Credit Card #: _____ Expiration Date: _____

3 Digit Security Code #: _____ Credit Card Billing Zip Code: _____

Required Textbooks: Part 1~~~*Long Term Care for Activity Professionals, Social Services Professionals, and Recreational Therapists, 7th Edition*
Elizabeth Best-Martini / Mary Anne Weeks / Priscilla Wirth

Part 2~~~*Effective Management in Therapeutic Recreation Service 3rd Edition*
Marcia Jean Carter / Christen G. Smith / Gerald S. O'Morrow

Please select course format: Home Study: _____ On-Line: _____

Please select course and with or without textbooks:

MEPAP 2nd Edition (Part 1 & Part 2):.....\$875.00 _____
including textbooks.....\$995.00 _____

Part 1 only:.....\$520.00 _____
including textbook.....\$575.00 _____

Part 2 only:.....\$520.00 _____
Including textbook.....\$590.00 _____

Registration fee is non-refundable after 10 days from receiving payment. There will be a \$50.00 cancellation fee

Student Information

Name---Please print clearly _____

Street---Please print clearly _____

City, State, Zip---Please print clearly _____

Phone _____

E-mail---Please print clearly _____

Signature/Date _____

NCCAP Instructor Pre-approval #: NCCAP25121-19-M2-NT (Home Study)

NCCAP31475-19-M2-NT (On-line)