



Louisiana Certification Registry for Healthcare Ancillary Professionals, Inc.

P.O. Box 710; Marksville, LA 71351; (504) 390-8942

APPLICATION

Activity Professional

Date _____

Last Name _____ **First Name** _____ **Middle Initial** _____

Mailing Address _____

Contact Phone Number _____

Email Address _____

Employer _____

Date Completed the LNHA RAD Program _____

Are you certified by the NCCAP as an Activity Director ____ Yes ____ No

Type of certification you are applying for:

Certified Activity Director ____

Must have fully completed the LNHA RAD Program and/or currently certified with NCCAP

(Must attach a copy of your RAD or ADC Certificate with this application)

Certified Activity Specialist ____

Must have achieved a Bachelor's Degree in one of the following curriculums, and have fully completed the LNHA RAD Program and/or currently certified by the NCCAP:

Therapeutic Recreation, Recreation, Physical Education, Social Work, Psychology, Gerontology

Must attach a copy of your college degree (Diploma) with this application.

Have you ever had a professional license and/or certification revoked ____ Yes ____ No

If Yes, Please Explain: _____

Initial Application Fee:

Certified Activity Director = \$50.00

Certified Activity Specialist = \$100.00 (Must mail a copy of your Degree with Application)

YOU MUST SUBMIT THE FOLLOWING WITH THIS FULLY COMPLETED, AND SIGNED

APPLICATION: Copy of your RAD Certificate, and/or Certification Number with the NCCAP, and a check or money order with the appropriate application fee made payable to:

JAJ Health Care Education Consultants, L.L.C.

Mail to: JAJ Healthcare Education Consultants at P.O. Box 710; Marksville, LA 71351

Signature of Applicant _____