



MEPAP Part 2 (Core Content 12-19)

REGISTRATION FORM

Spring Course 2012

March 12, 2012 - May 30, 2012

Pre-Approved Instructors/ Sherita Sparrow ADPC, CDP & Dawn Appler ADC/EDU/MC, CDP

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Best Contact # (_____) _____ Current Position/ Title _____

Email Address _____

Facility Name & Address _____

➤ **Work Experience:** Please circle all that apply

Senior Center Assisted Living Independent Living Adult Day Care
Sub-Acute Skilled Nursing other _____

➤ **Education:** High School Diploma, GED or higher? YES / NO

➤ **NCCAP certification you want to pursue?**

Activity Assistant Activity Director Activity Consultant

➤ **Form of Payment:** Please circle one

Payment in Full: \$650.00 Down Payment: \$200.00

Check# _____ or Money Order# _____

Mail this registration form and make checks payable to:

The Feather's Touch
808 Cornstalk Drive
New Castle, DE 19720
302.345.8506

Time is Running....

