



Application for NECPA Accreditation Support

Program: _____

License #: _____ DHS ____ or DOE ____ (not available at this time)

Are you a 501c3 _____ or Private Institution _____

Tax ID #: _____

Director's Name: _____

Telephone: (____) _____ Cell: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

**I understand this funding is State money and will be on a reimbursement basis. Once you have started the process and paid the fees you will need to email a copy of the receipt to tacee2017@gmail.com for reimbursement.

Print Name _____

Signature _____

Date _____

Link for application

<https://necpa.net/necpa-enrollment-form/>