



National Certification Council for Activity Professionals

Setting Standards of Excellence for Quality of Life through Education

317 Office Square Lane, Suite 202A, Virginia Beach, VA 23462 USA | (757) 552-0653 | info@nccap.org

Thank you for your interest in the Home Study Activity Director Course. If you have any questions after reviewing the information, please do not hesitate to call John Rowlett at 260-471-4888 or Tammy's cell phone at 1-260- 494-6377.

Mark Laker, M.S. Therapeutic Recreation, and John Rowlett, Activity Consultant Certified have been teaching the Activity Director Course at Ivy Tech State College, the University of Indianapolis, Indiana University and independently for over 30 years. Both of these instructors have received the ***Outstanding Education Award*** for the State of Indiana through the Indiana Association of Homes and Services for the Aging.

John has been in the field of health care and activities for the past 35 years. He is nationally certified through NCCAP (National Certification Council for Activity Professionals) and has taught at the NAAP (National Association of Activity Professionals) National Conferences. He has served on the National Association of Activity Professionals Board and as the President of the Indiana Activity Directors Association and has served on the board of Volunteer Center/RSVP.

Mark is the former Assistant Director for the Indiana State Department on Aging. Mark was one of the founders of the State approved Activity Director Course in Indiana. He has authored a book, Nursing Home Activities for the Handicapped, and has taught at NAAP Annual Conferences and multiple State Conferences.

John has taught workshops and seminars for the Indiana Health Care Association, the Indiana Association of Homes and Services for the Aging, the Indiana Activity Directors Association and at NAAP Conferences.

Mark and John have combined their 60 years of field and teaching experience to offer one of the best Activity Director Training Classes available.

After completion of our course, if you ever have any questions regarding activities, Mark and I will always be available to assist and guide you.

Rowlett and Laker, Inc.
P.O. Box 11453
Fort Wayne, Indiana 46858-1453
Phone 260-471-4888
Fax. 260-496-8538

Welcome: Information Packet and Registration Form for the Home-Study Activity Director Course

John Rowlett, ACC is a pre-approved instructor by the National Certification Council for Activity Professionals for this Advanced Technology Course (NCCAP 318007-1). The course is also called the Modular Education Program for Activity Professionals (MEPAP) 2nd Edition and covers Part one of Two Parts. Upon completion of this course you will receive a certificate that is recognized by the National Certification Council for Activity Professionals (NCCAP). This is one of the first steps for the student to become Nationally Certified as an Activity Professional. **This course also meets many state requirements to become a qualified Activity Director.**

Please carefully read the following information regarding the course requirements in order to complete the course.

1. **All of the DVDs (there are 12 DVDs) after viewing must be returned to Rowlett and Laker, Inc. in order to complete the course.**
 - a. The Home Study Review Test Questions (Note this is your mid-term exam) must be completed and returned to attention of John Rowlett, Rowlett and Laker, Inc. at the completion of the course.
 - b. When all of the DVDs, homework assignments, practicum/internship requirements, and the Home Study Review Test Questions are returned to attention of John Rowlett, Rowlett and Laker, Inc. P.O. Box 11453, Fort Wayne, Indiana 46858-1453, a final exam will be sent to the student. Upon passing the final exam a certificate will be awarded.
2. If you are working at a Health Care Facility at the present time the practicum/internship can be taken at your current facility. If you are not currently working at a Health Care Facility it will be the responsibility of the student to secure a health care facility for their practicum/internship.

A letter of acceptance, copied on the facility's letterhead, must be completed by the Practicum/Internship Supervisor (Administrator, Director of Activities, or Equivalent) and returned to Rowlett and Laker, Inc. ***This must be completed before the start of the course. (See Attached Form Letter)***

 - a. If the student is employed by a health care facility, that facility will be accepted as the site.
 - b. If there is an area of the practicum/internship that cannot be completed at the original site, such as the approval of the Resident Council, it will be

the responsibility of the student to acquire another facility to complete the practicum.

- c. The Activity Director Home-Study Course Practicum/Internship Supervisor Meeting Log must be completed and each section must be signed by the Practicum/Internship Supervisor and returned to Rowlett and Laker, Inc. at the completion of the course.

- 3. **The student will be allowed up to sixteen weeks to complete the course from their assigned start date. The course can be completed before the 16 weeks if all requirements are met.** All course material must be returned to Rowlett and Laker, Inc.
- 4. The entire course fee must be paid in full and received by Rowlett and Laker, Inc. before starting the course. **Amount due for the course is \$575.00.** All DVDs must be returned in order to complete the course.
- 5. Payment by Credit Card (VISA, Master Card, or Discover) can be made by calling our business office at 1-260-471-4888.

If you have any questions please call me at 260-471-4888.

Sincerely,
John R. Rowlett, ACC
President
Rowlett and Laker, Inc.

REGISTRATION FORM

Name _____ Employer Phone(____) _____

Employer Name: _____

Address _____ City/State _____ Zip _____

Home Address _____ City/State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

**** Required: Email Address:** _____

**** Make checks payable for the amount of \$575.00 to Rowlett and Laker, Inc. or call 1-260-471-4888 for credit card payment. ****

Please fill out the Registration Form and return to Attention: John Rowlett, Rowlett & Laker, Inc., P.Q. Box 11453, Fort Wayne, Indiana 46858-1453. **The Registration Form and Practicum/Internship Supervisor letter must be completed and full payment for the course must be received before starting the course.**

SPECIAL NOTICE

The minimum Academic Education Standards for this course is a High School Diploma or GED. I'm verifying that my High School Diploma or GED is from

_____, and the address is _____,

Signature: _____

Date: _____



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Date:

Dear Practicum Supervisor,

Thank you for agreeing to advise our MEPAP student about practicum experience assignments. You are giving him/her the opportunity to grow personally under the guidance of an experienced, trained health specialist. It is a true sign of your own professional caring.

Projects are assigned to teach the practical application of concepts taught in the Modular Education Program for Activity Professionals. They are designed to enhance practitioner performance, activity department productivity and regulatory compliance.

Practicum Supervisor Responsibilities

- To meet / communicate with the instructor and the student at the beginning and end of the practicum placement.
- To provide the initial orientation to the agency structure, program and policies and procedures, including the mission of the agency and the history of its development.
- To develop a varied learning experience for the student, including opportunities to work with individual, groups and /or the wider community.
- To meet individually with the student periodically throughout the course, to provide supervision and assessment on an on-going basis, as well as be reasonably available for informal questions as the need arises.
- To help the student develop and understand the network of human service agencies in the community and how it relates the elders served.
- To assist the student with developing basic skills in interviewing and counseling, observation, record keeping, leadership, working with diverse populations, affecting social change, and developing his/her professional identity.

- Provide ongoing observation and feedback on overall performance of student.
- To complete the final evaluation form for submission to the instructor. This should be done jointly with the student.

Acknowledgement of Responsibilities

This is to acknowledge that I undersigned, have read, discussed and agree to the terms of a Practicum Supervisor. I agree to assist the student with achieving a Certificate of Completion for the NCCAP MEPAP course.

Print Name _____

Signature_____

Title _____ Date _____

Facility _____

Email_____