

## Application for Continuing Education Certification for Long-term Camp Director Long-Term Program Director (Check One)

| Name of Applicant:                             |  |  |
|--|--|--|
| Council Name:                                  |  | Council #:   |
| Date and location of n                         | nost recent NCS certification:                     |  |
| Date:  | Location:  |  |
| Requirement 1:<br>List years served as ca      | mp director or program direc                       | ctor (at least three seasons): 123   |
| Requirement 2: List y                          | ears involved in NCAP Assess                       | ment Process: 12345  |
| What new skill have ye                         | ou learned/acquired since at                       | tending National Camping School during this continuing education   |
| recertification process                        | s? How have you used these s                       | skills to improve your camp? (Use additional sheet as necessary.)  |
|  | •  | ich continuing education option was completed for each of the 5-years  |
| Fill in the year below.                        | List the requirement that was co                   | mpleted.   |
| Year 1 -                                       | 1A - Attended (or served on staff at) N            | ·  |
| Year 2 -                                       |  |  |
| Year 3 -                                       |  |  |
| Year 4 -                                       |  |  |
| Year 5 -                                       |  |  |
|  | , certify that I have completed                    | d the above continuing education requirements.   |
| Council Approval by                            |  | Date:  |
| _  | Scout Executive or de                              |  |
| School at NCS@Scouting approved. (Allow 4 week | g.org to be processed and approxs to be processed) | of the applicant's expiring year. Submit this application to National Camping oved. Local council will be billed \$250 once the application is processed and |
| For internal use only:                         |  |  |
| Date of Verification:                          | Verified by: _                                     |  |
| Date attended online recer                     | tification training:                               |  |
| Committee review date:                         |  |  |
| Application is: APPROVED:                      | DENIED: (Reason)                                   |  |
| FF   | If denied date sent to ann                         |  |