



NACCRRRA Quality Assurance Application Form



Please Print

Organization Name: _____

Name of Director: _____

Title: _____

Mailing Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Email (required): _____

Phone: _____

If Appropriate:

Parent Agency: _____

Website: _____

Parent Agency Director: _____

Title: _____

Mailing Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Email (required): _____

Phone: _____

Agency Information

Your NACCRRRA Membership must be current. NACCRRRA Member I.D. Number _____

State Network

CCR&R

Child Care Aware® Quality Assured



No

Yes

In Process

Signatures below indicate agreement with the following:

- Agency is applying for NACCRRRA Quality Assurance for all services it offers.
- Agency has 24 months from the date the application is accepted to complete the online submission.
- In order to be considered for validation: 1) agency agrees to participate in direct assessments of services provided by the agency, and 2) agency understands it must pass direct assessments for each service offered.
- Agency will pay the fees in full as required by the end of the 24 month online submission period prior to be considered for validation.

Agency Director _____

Agency Board Chairperson _____

Date _____

Quality Assurance Fee:

- Varies by type of agency and other criteria
- See the fee chart at: <http://www.naccrrra.org/programs/qap/>
- \$1,000 initial payment must accompany this application form
- It will be deducted from your total Quality Assurance fee
- Questions on your fee: Quality.Assurance@naccrrra.org

Fee includes:

- Online submission for Quality Assurance
- 2 hours online training per service area
- 2 hours of technical assistance each month
- 24 months to complete online submission

Send the completed application form, with a valid credit card number, pre-printed check, money order, or government purchase order (sorry, no cash). Your confirmation and start date will be sent to the email address required above.

Mail To: NACCRRRA Quality Assurance, Attn: Application, 3101 Wilson Boulevard, Suite 350, Arlington, VA 22201 or fax to (703) 341-4101

Method of Payment (make checks payable to NACCRRRA)

Check Enclosed ⇒ Check # _____

Purchase Order Enclosed ⇒ P.O. # _____

Credit Card (check one): AMEX Visa Mastercard Discover

Account Number: _____

Expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Billing Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____