



# Application for Continuing Education Certification for Long Term

**Camp Director**

Name of Applicant: \_\_\_\_\_

**Program Director**

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Council Name: \_\_\_\_\_ Council #: \_\_\_\_\_

Most recent NCS certification: Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Requirement 1:**

List years served as camp director or program director (at least three seasons): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Requirement 2:** List years involved in NCAP Assessment Process: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

What new skill have you learned/acquired since attending National Camping School during this continuing education recertification process? How have you used these skills to improve your camp? (Use additional sheet as necessary.)

**Requirement 3:**

Please indicate in each row below the year and which continuing education option was completed for each of the 5-years of NCS certification tenure. Example: Year 2 - 2022 | 3C - Attended ACA conference. Sign below to certify.

Fill in the year below.	List the requirement that was completed.
Year 1 -	1A - Attended (or served on staff at) NCS Long-term Camp Director <input type="checkbox"/> or Long-term Program Director <input type="checkbox"/> section
Year 2 -	
Year 3 -	
Year 4 -	
Year 5 -	

I, the applicant above, certify that I have completed the above continuing education requirements.

**Applicant Signature** \_\_\_\_\_

**Council Approval by** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Scout Executive or designee signature

This form should be submitted on or after October 1<sup>st</sup> of the applicant's expiring year. Submit this application to National Camping School at [NCS@Scouting.org](mailto:NCS@Scouting.org) to be processed and approved. Local council will be billed \$250 once the application is processed and approved. (Allow 4 weeks to be processed)

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*For internal use only:*

Date of Verification: \_\_\_\_\_ Verified by: \_\_\_\_\_

Date attended online recertification training: \_\_\_\_\_

Committee review date: \_\_\_\_\_

Application is: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ (Reason) \_\_\_\_\_

If denied, date sent to applicant: \_\_\_\_\_