

AAAP works closely with JCAHO to refine and establish high standard for long-term care accreditation.

To work towards uniform standards of practice for all activity professionals working in the health care field.

AAAP encourages and provides assistance to promote National Certification of Activity Professionals, through the National Certification Council for Activity Professionals (NCCAP)

## **Benefits**

1. Newsletter.
2. Opportunity to network with other professionals.
3. Job Bank.
4. Classes and workshops certificate of completion.
5. Reduced fees for AAAP workshops.
6. Right to vote and hold office.

## **Arizona Association of Activity Professionals**

---



Since 1985

## **Mission Statement**

To provide education, advocacy, communication and leadership to Arizona Activity Professionals for the purpose of enhancing the quality of life for clients, residents, participants, and patients we serve.

Membership is open to anyone interested in being involved in activities.

Activity Professionals  
Consultants  
Educators  
Students  
Volunteers  
Caregivers

## Vision

AAAP will be the membership organization of choice for individuals to achieve the highest standards of practice in the activity profession.

## AAAP Values

1. Educational opportunities and resources for professional and personal growth through our diverse cultural and educational backgrounds.
2. Cultivate relationships with organizations of similar interests for the purpose of advocating our profession.
3. Connect and be involved with each other by communicating through various means and resources.
4. Empower our professionals through leadership skills.
5. Maintaining the highest level of integrity and professionalism.

Contact AAAP

Phone Number: **480-528-0650**

### AAAP Membership Application

Please print legibly or type

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Type: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Email: \_\_\_\_\_

Are you certified? Yes \_\_\_\_\_ No \_\_\_\_\_

ADC \_\_\_\_\_ ACC \_\_\_\_\_ ADPC \_\_\_\_\_ Other \_\_\_\_\_

**Check the area you will be joining.**

North \_\_\_\_\_ South \_\_\_\_\_ Central \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ Scottsdale \_\_\_\_\_

Active Membership

(\$30.00 per year)

Make all checks payable to:

**AAAP Membership**

**P.O. Box 1446**

**Scottsdale, AZ 85257**

