

Membership Benefits

- *Continuing Education credits towards National Certification through monthly meetings. Approved Curriculum by NCCAP (National Certification for Activity Professionals)*
- *Opportunity to meet other Activity Professionals and share ideas and resources.*
- *Attend MOCAP hosted educational seminars with your peers.*
- *Maintain active involvement in committees in support of MOCAP, and professional reflection on your position in your community.*

Mission Statement

Activity educates, supports, and strengthens the activity professionals through communication and advocacy, there by enhancing the Quality of Life for our clients, residents and participants.

MOCAP

Monmouth and Ocean Counties Activity Professionals

Committee Board Member

Membership

*Jessica Hoffarth
Spring Oaks Assisted Living
732-905-9222
732-806-4320
j_hoffarth@yahoo.com*

Nominations / Awards

Historian

*Diane Schimpf
Retired From
NJ Veterans Home
732-742-3409*

MOCAP

Executive Board Members 2016 ~ 2017

President

*Kevin Bassinder
Rose Garden Nursing & Rehab Center
732-773-0750
KBActivities@aol.com*

Vice President

*Denise Lima
NJ Veterans Home
732-548-7248
Esc85@aol.com*

Treasurer

*Shoronda Clarke
The Atrium at Navesink Harbor
732-842-3400
Petrice516@aol.com*

Recording Secretary

*Samantha Bitter
Hampton Ridge
732-286-5005
Bettyboop52575@aol.com*

Corresponding Secretary

*Ellin North
Allaire Center
732-757-6674
ppgwave@optonline.net*

Our Purpose

To unite in an association with activity professionals.

To foster and maintain high standards of professional qualifications and ethics.

To stimulate and enlarge an intelligent public interest in the need for and the values of adequate therapeutic activities.

To promote self growth and expertise through continuing education.

To provide moral support through networking.

Administrative use only

Date Received: _____ By: _____

Cash _____ Check # _____

Amt _____ Amt _____

Names of all paid group of 2 or 4 members listed below.

1. _____

2. _____

3. _____

4. _____

Counted Posted Card Given

Membership Application New 2016-2017 Date _____

(Please Print)

Name _____

Home Address _____

City _____ County _____

Zip _____ Home Phone _____ Cell _____

Personal Email Address _____

Membership Runs (per year Sept. to June)

Please send an application completely filled out for each member

____ \$40.00 Individual ____ \$50.00 Two members ____ \$80.00 (Facility up to four)

____ \$20.00 Retires

(Please Print)

Community Name _____

Job Title _____

Address _____

City _____ County _____

Zip _____ Work Phone _____ Ext. _____

Work Email Address _____

A fully completed application is needed for each membership & submitted with payment. Please make check payable to "MOCAP" and return with application to:

Kevin Bassinder

1933 Hwy 35, Ste. 105, #304 Email:

Wall, NJ 07719

KBAactivities@aol.com



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