



**National Center for  
Professional Certification**

**NCPC Candidate Portfolio Face Sheet**

(This should be on top of the first Tab in the Portfolio)

**Portfolio for Certification:** \_\_\_\_\_  
Provide Name of Certification

Candidate Name:		Class Intake #
Candidate ID # from NCPC:		
Business Phone	Business Address	
Home Phone	Home Address	
Fax Number		

Name of Employer	Address (if different from above)
Job Title:	Length of Time in Position
Supervisor's Name	Supervisor's Phone Number

Mentor Name (management candidate's only)	Assessor Phone and E-mail
Assessor Name	
Assessor Address	
IV Name	IV Phone and E-mail
IV Address	



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## **Candidate Access to Appeals Process**

If you have concerns about the assessment process or other issue, you should contact the following individuals in the order listed below:

1. Your Assessor: \_\_\_\_\_

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

2. Your Internal Verifier: \_\_\_\_\_

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

3. Your Center Quality Assurance Coordinator: Heidi Holland  
Phone: 410.496.5632.

Please sign this form and place it in the front of your portfolio behind the Portfolio Face Sheet as evidence that the appeals process has been explained to you.

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Portfolio Completion Form

Candidate Name:
Orientation Group#:
Certification:
Assessor Name:

Table with 5 columns: Unit #, Unit Title, Candidate Signature and Date, Assessor Signature and Date, IV Signature and Date. The table contains 12 rows of alternating shaded and unshaded cells.

All Units have been completed and all requirements for certification as:

\_\_\_\_\_ have been met by candidate.

Candidate Signature and Date: \_\_\_\_\_

Assessor Signature and Date: \_\_\_\_\_

Internal Verifier Signature and Date: \_\_\_\_\_



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**Planning Meeting and Assessment Record**

(Assessor complete one for every meeting or planning event)

Candidate Name: \_\_\_\_\_ (Please Print)

Unit(s) Involved: \_\_\_\_\_

Activity	Description of Meeting or Plan

Candidate Signature and Date: \_\_\_\_\_

Assessor Signature and Date: \_\_\_\_\_ Page \_\_\_ of \_\_\_



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NCPC Evidence Inventory (Complete One form for Each Element)

Element Number & Title: \_\_\_\_\_
Candidate Name: \_\_\_\_\_

Table with columns: Evidence Number, Description, Performance Criteria (1-10), Range/Scope, Knowledge. The table contains 8 empty rows for data entry.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature indicates that all evidence has been reviewed by assessor and approved and element is complete.



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## NCPC Observation Record

Unit(s) and Element(s) # and Title: \_\_\_\_\_

Location and Date of Observation: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Assessor or Expert Witness Name: \_\_\_\_\_

Elements/Evidence Criteria	Documentation of Performance

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expert Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## NCPC Witness List and Relationship to Candidate

Certification Title: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Each Witness Completes This Information			Assessor or Candidate Completes This Section
Printed Name and Signature	Phone and e-mail	Relationship/Title	Unit #

Signatures indicate that all Witness Testimonies have been authenticated, valid and completed.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# NCPCC Witness Testimony Record

Unit(s) and Element(s) # and Title: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Performance Criteria	Performance Description by Witness	Assessor Completes	
		Meets Criteria	
		Yes	No

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## NCPCC Questioning Record

Unit(s) and Element(s) # and Title: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Elements/Evidence Criteria	Assessor's Questions	Candidate's Answers

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## NPCPC Work Product Record

(This is to be used by Assessor's only to review a work product that is too big or contains confidential information and it to be included in the portfolio in lieu of the actual evidence)

Unit(s) and Element(s) # and Title: \_\_\_\_\_

Location and Date of Observation: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Elements/Evidence Criteria	Assessor's Notes

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_