



## Extension Request Form

Program Information			
Program Name		Program ID	
Street		Suite/dept/floor	
City	State	Zip	
Country			
Primary Contact		Secondary Contact	
Name:		Name:	
Title:		Title:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Extension Type			
Select one (1) extension type below.			
<input type="checkbox"/> <b>Application (Step 2)</b> Current due date:        /        / Length of extension requested:		<input type="checkbox"/> <b>Candidacy (Step 3)</b> Current due date:        /        / Length of extension requested:	
<input type="checkbox"/> <b>Annual Report (Step 4)</b> Current due date:        /        / Length of extension requested:		<input type="checkbox"/> <b>Site Visit (Step 4)</b> The NAEYC Academy will access relevant scheduling information. Length of extension requested:	
Disruption Type			
Indicate the type of disruption your program has experienced and the dates the disruption occurred.			
<input type="checkbox"/> My program has experienced a temporary operational disruption.  <i>The NAEYC Academy defines a <b>temporary operational disruption</b> as a time-limited event (not to exceed 30 days) that inhibits or prevents a program from providing its established services.</i>  My program's operation was affected between: /        /        and        /        /		<input type="checkbox"/> My program has experienced a disruption that impacts its ability to meet a submission due date or submit to a site visit, but does not prevent it from providing its established services.  The disruption impacted my program between: /        /        and        /        /	



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### Disruption Description

Describe the disruption that your program has experienced below.

*Additional information and/or documentation related to the disruption described above may be attached.*

### Signature

I understand and agree that by signing and submitting this document I am affirming the truth of the information contained therein. Furthermore, I understand that my program's accreditation is null and void if false information is knowingly submitted to the NAEYC Academy at any time.

Signed: \_\_\_\_\_

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

*If submitted via email, your typed name serves as your electronic signature.*

### Submission Instructions

Fax: 202-232-1720 Attn: Quality Assurance

Email: [qualityassurance@naeyc.org](mailto:qualityassurance@naeyc.org)

Mail: NAEYC Academy Quality Assurance

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