



Drug & Alcohol Program Administrator's

DOCUMENTATION OF EXPERIENCE

For C-DAPA-A Applicants

Candidate: Distribute this form to any person(s) whom you are asking to verify your experience in any/all of the seven content areas listed below. Please complete the Experience section below indicating:

- In which of the areas listed you have functioned (mark those which apply); and
- When (Dates Performed) and for how long (Content Area Hours) you have provided services in each area

To determine Content Area Hours:

1. Estimate number of hours per week worked in a content area. **Example:** 10 hours per week working with MRO
2. Multiply by weeks worked in that area. **Example:** 10 hrs x 52 wks/yr = 520 x 3 yrs = 1,560 Content Area Hours

Remember: There are only approximately 2080 total hours for all content areas per calendar year. The sum of the Content Area Hours for all content areas should not exceed the total number of hours spent working in the field. **Example:** 3 yrs as a DAPA, Maximum hours for all areas: 3 x 2080 = 6,240 Total Hours

Person Verifying Experience: The person identified as a candidate is applying to take a national certification examination through the Substance Abuse Program Administrators' Certification Commission. Documented experience in administering substance abuse programs is a criterion of eligibility. The candidate has asked that you verify some of the experience. *Please be advised that the Commission may contact you to confirm your certification.*

CANDIDATE (COMPLETED BY CANDIDATE)

Name: _____

Last

First

Middle

EXPERIENCE (COMPLETED BY CANDIDATE)

Area	Dates Performed		Content Area Hours
	From:	To:	
<input type="checkbox"/> Development of policies and procedures	_____	_____	_____
<input type="checkbox"/> Administration of random drug and alcohol testing programs	_____	_____	_____
<input type="checkbox"/> Medical Review Officer (MRO) interaction/supervision	_____	_____	_____
<input type="checkbox"/> Performance or supervision of the specimen collection process	_____	_____	_____
<input type="checkbox"/> Preparation and/or delivery of supervisor and/or employee education training	_____	_____	_____
<input type="checkbox"/> Compliance with applicable federal and state laws	_____	_____	_____
<input type="checkbox"/> Substance Abuse Professionals (SAPs) interaction/supervision	_____	_____	_____

CERTIFICATION (COMPLETED BY PERSON VERIFYING CANDIDATE'S EXPERIENCE)

I certify that the above information is, to the best of my belief, true and correct.

Signature Date

Printed Name of Person Verifying Information Title Company

Telephone Number Email Address

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