



C-DAPA-MC
Certified Drug & Alcohol Program
Administrator-Motor Carrier (FMCSA)
APPLICATION PROCESS

Congratulations on your decision to apply for the C-DAPA credential in Federal Motor Carrier Safety Administration (FMCSA) – C-DAPA-MC. The credential is awarded by SAPACC, a nonprofit corporation dedicated to enhancing the quality and level of professional knowledge and skills of individuals providing drug and alcohol testing and related services to the public.

The following is an overview of the application process.

INSTRUCTIONS

1. Go to SAPACC website at <http://www.sapacc.org>.
2. Read "Minimum Competence – DAPA-MC" to assess whether to proceed with application.
3. Select C-DAPA-MC Information Guide *; print and/or review.
4. Select C-DAPA-MC Documentation of Experience form *; print form(s).
5. Select C-DAPA-MC Application*, print.
6. Review Timeline for Application and Preparation.
7. FAX, email or mail the following materials to the SAPACC office -- FAX (503) 297-4748, email SAPACCAssistant@aol.com:
 - a. C-DAPA-MC Application
 - b. Documentation of 16 hours of training in 3 of 7 content areas (certificate, syllabus, etc.)
 - c. Completed, signed Documentation of Experience form(s). The TOTAL number of hours of experience must be greater than 4,160 (2 years). Please note that a member of SAPACC's Credentials Review Committee may contact those who certify your experience.
 - d. Payment/payment information (\$300 USD for C-DAPA-MC Examination Study Guide, credentials documentation review, and exam)

C-DAPA-MC Examination Study Guide is available in CD format.

Receipt of your application and payment information will be acknowledged by email.

* Adobe Acrobat reader required. To download, go to <http://www.adobe.com>. On Support menu, select "Download Acrobat Reader."

METHOD OF PAYMENT

Purchase orders cannot be accepted.

Amount: \$ _____

Charge to: Master Card VISA AMX Check payable to SAPACC mailed _____
Date _____

Card Number: _____ Exp Date _____

Name as it appears on card: _____

Credit Card Billing Address: _____

Signature: _____

Email address: _____

Questions? Call SAPACC at (866) 538-4788

c:\SAPACC\C-DAPA-MCPay.doc rev 7/09