

Candidate Application: C-SAPA(M)

Certified Substance Abuse Program Administrator Specializing in Federal Motor Carrier Safety Administration Regulations

PERSONAL INFORMATION

Name:

Last

First

Middle

Former Name:

(if applicable)

Last

First

Middle

Company:

Name

Address:

Number & Street

Address 2:

Number & Street

City

State

Zip Code

Business Phone #: () _____

Fax #: () _____

Email Address:

Date of Birth:

EXPERIENCE:

Attached Documentation of Experience forms. How many years of full-time experience do you have as a substance abuse program administrator? _____

Please check the blocks below indicating the areas in which you have experience.

- | | |
|--|--|
| <input type="checkbox"/> Compliance with applicable federal and state laws | <input type="checkbox"/> Development of drug-free workplace policies and procedures |
| <input type="checkbox"/> Administration of drug and alcohol testing programs | <input type="checkbox"/> Performance or supervision of specimen collection and/or alcohol testing procedures |
| <input type="checkbox"/> Medical Review Officer (MRO) interaction/supervision | <input type="checkbox"/> Substance Abuse Professional (SAP) interaction/supervision |
| <input type="checkbox"/> Preparation and/or delivery of drug-free workplace training | |

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CANDIDATE STATEMENT

By submitting this application I acknowledge, understand and agree to all the provisions contained in the application and the C-SAPA PRIME Information Guide. I attest that the foregoing information is accurate and true and that I meet the requirements for this examination and / or renewal of my C-SAPA(M) certification as stated on the application and in the C-SAPA PRIME Information Guide. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim that I may have will be limited to the fee paid by me to SAPACC. I understand and agree to the refund policy as stated. In addition, I understand that my certification (if attained) or its renewal depends on my adherence to the Commission's published practice standards for the certification for which I have applied. I further understand and agree that my name may be used for publication in professional literature and marketing materials upon attaining a C-SAPA(M) certification.

Printed Name Preferred on Certificate: _____

Signature

Date

Submit the application, fee and any required supporting documentation to:

SAPACC

7220 SW SYLVAN CT

PORTLAND OR 97225-3742

Telephone 866.538.4788 Fax 503.297.4748

E-mail: SAPACCAssistant@aol.com