



# Candidate Application: CDAPA

Certified Drug & Alcohol Program Administrator Specializing in Modal Regulations

DAPA-MC  DAPA-A  DAPA-T  DAPA-R  DAPA-P  DAPA-CG

## 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:

\_\_\_\_\_

SSN (Last 4):

\_\_\_\_\_

## EXPERIENCE

How many years of full-time experience do you have as a drug & alcohol 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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## DOCUMENTATION OF EXPERIENCE

**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. (You may need more than one form per application.) 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 content area. **Example:** 10 hours per week working with MRO
2. Multiply by weeks worked in the area. **Example:** 10 hrs x 50 wks/yr = 500 x 3 yrs = 1,500 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 in the candidate section is applying to take the national certification examination of the Substance Abuse Program Administrators' Certification Commission. Documented experience in administering drug and alcohol 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"/> 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	_____	_____	_____
TOTAL HOURS (All marked content areas)			_____

## 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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## PERSONAL INTEGRITY & PROFESSIONAL CONDUCT

**A CDAPA shall subscribe and adhere to the following Commission practice standards at all times.**

- Present accurate information in all communications. Always accurately represent your education, experience, and qualifications in resumes, biographical sketches, and other written material.
- Acknowledge the work of others by citing the source(s) or material and techniques when using other individuals' work in your business or professional presentations.
- Assist employers and/or clients, to the best of your ability, in complying with applicable state or federal regulations related to controlled substance and alcohol testing.
- Remain current with respect to knowledge, practices, and regulations that apply to your business, employers, and the substance abuse profession. Recognize the limitations of your own professional competence. When necessary, consult with other professionals who may have the requisite expertise.
- Strictly adhere to The Sherman, Clayton and Federal Trade Commission Acts.

## PROTECT THE RIGHTS OF TESTED INDIVIDUALS

- Strive to protect the rights of employees as well as employers when administering workplace testing programs.
- Respect the dignity of individuals tested for controlled substances and alcohol, making every effort to avoid and/or minimize intrusions of privacy of these individuals.
- Promote assistance for those individuals whose controlled substance or alcohol test indicates misuse by facilitating referral, evaluation, education, rehabilitation, and/or treatment.
- Maintain strict confidentiality of all information entrusted to you. Information is only to be released when authorized by a tested individual or as permitted under state or federal regulation.

**By submitting this application, I acknowledge, understand and agree to all of the provisions contained in the Certification Application Package. I attest that the foregoing information is accurate and true and that I meet all of the requirements for application of my CDAPA. I understand that my certification, if attained, depends on my adherence to the Commission's published practice standard 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 CDAPA certification.**

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

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

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CCDAPP  DAPA-MC  DAPA-A  DAPA-T  DAPA-R  DAPA-P  DAPA-CG

### ***CANDIDATE STATEMENT***

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By submitting this application I acknowledge, understand and agree to all the provisions contained in the application and the CDAPA 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 CDAPA certification as stated on the application and in the CDAPA 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 CCDAPP. 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 CDAPA certification.

Printed Name Preferred on Certificate: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

CCDAPP

537 Ritchie Highway #  
Severna Park, MD 21146  
Telephone 443-906-6061

**E-mail: [administrator@ccdapp.org](mailto:administrator@ccdapp.org)**



## Payment Page

### PAYMENT OPTIONS

The fee for CDAPA Certification is 300.00. This may be paid via check or electronic invoice

SEND ME AN INVOICE TO BE PAID WITH CREDIT CARD OR ACH (BANK ACCT)

### INSTRUCTIONS FOR PAYING BY CHECK:

Complete and print the application package, make check payable to "CCDAPP" and mail with application package to:

CCDAPP-537 Ritchie Highway Suite 2E Severna Park, MD 21146

Referred to CCDAPP by: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Personal email address: \_\_\_\_\_

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