



**Certification Commission for Drug and Alcohol Program Professionals**

website: [www.ccdapp.org](http://www.ccdapp.org)

email: [administrator@ccdapp.org](mailto:administrator@ccdapp.org)

phone: 443-906-6061

**CSAPA Recertification Application**

Congratulations on your decision to renew your CSAPA certification! Your certification may be renewed without taking the examination every three years with submitted proof of 24 hours of continuing education in at least four of the seven program areas identified on the following page, spread throughout the three-year period. This is in addition to continuing to meet the practice standards set forth by the commission. CSAPAs who do not achieve the required continuing education hours must re-apply and successfully meet the requirements of the CSAPA credentials review process, including passing the current certification examination in order to become recertified. All recertification applicants must include the appropriate recertification fee with their completed application. (See page 4 for payment information.)

**STEP 1:** To ensure that we have the most current contact information, please complete the fields below:

Full name: \_\_\_\_\_

Company name (if applicable) \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name as you would like it to appear on your certificate: \_\_\_\_\_

Address where you would like your certificate mailed:

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

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

## PERSONAL INTEGRITY & PROFESSIONAL CONDUCT

**A CSAPA 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 Recertification Application Package. I attest that the foregoing information is accurate and true and that I meet all of the requirements for recertification of my CSAPA. I understand that my recertification, 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 C-SAPA recertification.**

E-Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 2:** Please indicate the program areas of your continuing education in at least 4 areas:

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

**STEP 3:** Complete the continuing education verification form on the next page. You must supply supporting documentation, such as training certificates (if applicable) and the contact information for the sponsoring organization. Applicants are responsible for providing all information necessary to verify continuing education.

Acceptable sources of continuing education must be related to the program areas identified above and can include: seminars, conferences, in-service trainings, review courses and home-study courses.

A maximum number of eight (8) hours will be accepted for attendance at any one seminar, course, training or conference, regardless of the number of continuing education hours awarded by the sponsoring organization.

A maximum number of four (4) hours will be accepted for relevant computerized or home study courses with appropriate documentation of completion of the course.

Date of Training	Course Name	Sponsoring Organization	Contact Name and Email address	# of continuing education hours
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
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CCDAPP now has an interactive directory on our website. If you would like to have your information included on the website directory as a marketing bonus, please provide the information below. If you would not like to be included or contacted, simply mark the box, we will only include your name, city and state.

Do not include my information

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

email: \_\_\_\_\_

Website: \_\_\_\_\_

Description of services you provide (100-word limit): \_\_\_\_\_

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Please email form to: [administrator@ccdapp.org](mailto:administrator@ccdapp.org) or fax to: (410) 544-2111

CSAPA  DAPA-A  DAPA-CG  DAPA-MC  DAPA-P  DAPA-R

DAPA-T  QSAP Certificate#\_\_\_\_\_ Expires: \_\_\_\_\_

To be completed by CCDAPP Credentialing Committee



## Payment Page

### PAYMENT OPTIONS

The fee for CSAPA Certification is 350.00. 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: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

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

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