Certified Substance Abuse Program Administrator (CSAPA®) Application

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):** **XXX – XX -** _____

EXPERIENCE

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.

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

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TRAINING

Complete the following (a minimum of 40 hours is required). Please attach supporting documentation for each course, ie a course description and/or proof of attendance. A maximum of 8 hours is allowed per course.

Date(s)	Course Name	Sponsor	Hours

EXAMINATION

Exam Date and Location –
Please record the examination date and location you desire.

☐ **Online Exam**

Special Examination Arrangements –
Please check the box to the right should you require special accommodations due to a disability. Attach documentation as described in the Information Guide. ☐

After meeting the eligibility requirements, you must schedule and successfully pass the certification examination within 1 year of your application being approved. Candidate Initials _____

Candidate Application: CSAPA®

Certified Drug & Alcohol Program Administrator Specializing in Modal Regulations

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 SAPA, 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 From:	Dates Performed To:	Content Area Hours
☐ Compliance with applicable federal and state laws	_____	_____	_____
☐ Development of drug-free workplace policies and procedures	_____	_____	_____
☐ Administration of drug and alcohol testing programs	_____	_____	_____
☐ Performance or supervision of specimen collection and/or alcohol testing procedures	_____	_____	_____
☐ Medical Review Officer (MRO) interaction/supervision	_____	_____	_____
☐ Substance Abuse Professional (SAP) interaction/supervision	_____	_____	_____
☐ 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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CANDIDATE STATEMENT

By submitting this application I acknowledge, understand and agree to all the provisions contained in the application and the CSAPA® Information Guide. I attest that the foregoing information is accurate and true and that I meet the requirements for this examination as stated on the application and in the CSAPA® 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 when renewing this certification, depends on my adherence to the Commission's published practice standards 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 certification or re-certification as a CSAPA®.

Printed Name Preferred on Certificate: _____

_____ _____

Signature **Date**

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

CCDAPP
537 RITCHIE HWY #2E
SEVERNA PARK, MD 21146
Telephone 443-906-6061
E-mail: administrator@ccdapp.org

Certification Commission
for Drug & Alcohol Program Professionals

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 Certification Application Package. I attest that the foregoing information is accurate and true and that I meet all of the requirements for Certification of my CSAPA®. 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 CSAPA® recertification.

Signature: _____ Date: _____

Certification Commission for Drug and Alcohol
Program Professionals website: www.ccdapp.org
email: administrator@ccdapp.org
phone: 443-906-6061

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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❑ 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 450.00. 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:_____