



# Substance Abuse Program Administrator's

## 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. 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 a content area. **Example:** 10 hours per week working with MRO
2. Multiply by weeks worked in that area. **Example:** 10 hrs x 52 wks/yr = 520 x 3 yrs = 1560 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 = 6240 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. A criterion of eligibility is documented experience in administering substance abuse programs. You have been asked to verify some of the documentation for this candidate.

### 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	_____	_____	_____

### 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 \_\_\_\_\_

C:\SAPACC\CSAPADocOfExp.doc, rev 6/05

[www.sapacc.org](http://www.sapacc.org)

7220 SW SYLVAN CT, PORTLAND OR 97225-3742 Phone (866) 538-4788 Fax (503) 297-4748