



# Certified Substance Abuse Program Administrator (C-SAPA)

## APPLICATION PROCESS

Congratulations on your decision to apply for the Certified Substance Abuse Program Administrator (C-SAPA) credential. The credential is awarded by SAPACC, a nonprofit corporation dedicated to enhancing the quality and level of professional knowledge and skills of individuals providing drug and alcohol testing and related services to the public.

The following is an overview of the application process.

### INSTRUCTIONS

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1. Go to SAPACC website at <http://www.sapacc.org>.
2. Read "Minimum Competency for a SAPA" to assess whether to proceed with application.
3. Select C-SAPA Information Guide \*; print.
4. Select C-SAPA Documentation of Experience form \*; print.
5. Select C-SAPA Application\*, print.
6. Review Timeline for Application and Preparation.
7. FAX or mail the following materials to the SAPACC office, FAX (503) 297-4748:
  - a. C-SAPA Application
  - b. Documentation of 40 hours of training in 4 of 7 content areas (certificate, syllabus, etc.)
  - c. Completed, signed Documentation of Experience form(s). Please note that a member of SAPACC's Credentials Review Committee may contact those who certify your experience.
  - d. Certified copy of diploma or transcript indicating a bachelor's degree (4000 hours' experience criterion), if applicable
  - e. Payment/payment information (\$400 USD for Examination Study Guide, credentials documentation review, and exam)

**Examination Study Guide is available in hardcopy (notebook) or in CD format.**

**Please indicate which would you prefer:       Notebook       CD**

Receipt of your application and payment information will be acknowledged by email.

\* Adobe Acrobat reader required. To download, go to <http://www.adobe.com>. On Support menu, select "Download Acrobat Reader."

### METHOD OF PAYMENT

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*Purchase orders cannot be accepted.*

Amount: \$ \_\_\_\_\_

Charge to: Master Card  VISA  AMX  Check payable to SAPACC mailed \_\_\_\_\_  
Date \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Email address: \_\_\_\_\_

Questions? Call SAPACC at (866) 538-4788

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

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