



# C-SAPA Recertification Application

## PERSONAL INFORMATION

Please select one:

- Recertification with Continuing Education Hours
- Recertification by Exam
- Do Not Wish to Recertify

Name:

\_\_\_\_\_  
Last First Middle

Former Name:

\_\_\_\_\_  
Last First Middle

Company:

\_\_\_\_\_  
Name

Business Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Home Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Business Phone:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

SSN:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Date of Exam:

\_\_\_\_\_

Certificate #:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

Exam Date and Location Requested (if recertifying by exam):

\_\_\_\_\_



# C-SAPA Recertification Application

## C-SAPA Credential Recertification Requirements

C-SAPA Certification may be renewed without examination every three years with proof of 24 hours of Continuing Education in at least four of the seven areas listed below, spread throughout the three-year certification period. This is in addition to continuing to meet the practice standards set forth by the Commission. C-SAPAs who do not achieve the required Continuing Education hours must re-apply and successfully meet the requirements of the C-SAPA credentials review process, including passing the current Certification Examination, in order to be recertified. All recertification applicants must include the appropriate recertification fee with their application.

Please refer to the Recertification Guide, including the Recertification Fee Schedule on page 3, for detailed recertification requirements.

## Continuing Education Areas

Please check the boxes below indicating the Continuing Education Areas in which you have experience requirements during the three-year period covered by this recertification application.

- |  |  |
|--|--|
| <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 |  |

NOTE: Supporting documentation of Continuing Education, including date; sponsoring organization; phone/fax numbers; and hours of Continuing Education achieved must be included with this application and detailed on the Continuing Education Verification Form contained within this application. It is the C-SAPA's responsibility to complete all information required in this application and to provide documented proof of all Continuing Education hours at the time of application submission.

## Continuing Education Verification Form

Please complete the following information for all Continuing Education hours being submitted for evaluation for C-SAPA recertification. You must attach supporting documentation for each entry, numbering the documentation to correspond with the number of the Continuing Education entry represented on this form. 24 hours of Continuing Education is required for each three-year recertification period. A maximum of 8 hours is allowed per course.

	Date(s)	Course Name	Sponsoring Organization	Contact Name	Phone Number	Fax Number	Con Ed Hours
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							



# C-SAPA Recertification Application

## Candidate Statement

By submitting this application I acknowledge, understand and agree to all of the provisions contained in the Recertification Application and Recertification Guide. I attest that the foregoing information is accurate and true and that I meet all of the requirements for recertification of my C-SAPA designation as stated in the Recertification Application and Recertification Guide. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## Recertification Application Submission

Please submit the following information to the address or fax number listed below. All information must be submitted, at a minimum, within 30 days of the expiration date of your certification.

- Completed Recertification Application, including:
  - Personal Information Form
  - Continuing Education Areas Form
  - Continuing Education Verification Form
  - Continuing Education Supporting Documentation
  - Candidate Statement Form
  
- Recertification Fee (see Recertification Guide, page 3, for applicable fee)

Please submit this information to:

SAPACC  
7220 SW Sylvan Ct  
Portland, OR 97225-3742  
Phone: 866-538-4788 Fax: 503-297-4748