



**C-SAPA PRIME: FMCSA  
Specialized Certified Substance  
Abuse Program Administrator  
APPLICATION PROCESS**

Congratulations on your decision to apply for the C-SAPA PRIME specialized credential in Federal Motor Carrier Safety Administration (FMCSA) – C-SAPA(M). 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 - SAPA(M)" to assess whether to proceed with application.
3. Select C-SAPA(M) Information Guide \*; print.
4. Select C-SAPA(M) Documentation of Experience form \*; print.
5. Select C-SAPA(M) 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(M) Application
  - b. Documentation of 16 hours of training in 3 of 7 content areas (certificate, syllabus, etc.)
  - c. Completed, signed Documentation of Experience form(s). The TOTAL number of hours of experience must be greater than 4,160 (2 years). Please note that a member of SAPACC's Credentials Review Committee may contact those who certify your experience.
  - d. Payment/payment information (\$350 USD for C-SAPA(M) Examination Study Guide, credentials documentation review, and exam)

**C-SAPA(M) 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)**

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