



Request for Certification Manual & Application Packet

I am requesting a Certification Manual, Application Packet & Portfolio for the following credential(s):

Reciprocal Credentials:

- Certified Alcohol & Drug Counselor (CADC, CADC I, CADC II)
- Certified Advanced Alcohol & Drug Counselor (CAADC) (formerly CCAP)
- Certified Prevention Specialist (CPS, CPM)
- Certified Criminal Justice Addictions Professional (CCJP)
- Certified Clinical Supervisor (CCS)

Non-Reciprocal Credentials:

- Intern Counselor (IC)
- Associate Prevention Specialist (APS)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

E-mail Address: _____

FEE SCHEDULE:

Application Packet, Manual & Portfolio MAAP Members, \$28; Non-Members, \$38

- Check / Money Order payable to MAAP in the amount of \$ _____ is enclosed.
- Please charge \$ _____ to my Visa / MasterCard (circle one) (sorry, no AmEx)

Account Number	Expiration Date
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Billing Address (if different from above): _____

Signature

Please allow up to four weeks for receipt of Application Packet. Thank you!