

Application Instructions -Certified Prevention Specialist (CPS)
Certified Prevention Specialist Manager (CPM)
Associate Prevention Specialist (APS)

1. Application Form must be signed and dated.
2. Applicant must live or work at least 51% of the time in Mississippi at time of application.
3. Application must include required supporting documentation, including official transcript(s) (mailed directly from college/university), copies of certificates of attendance for training, and verification of current employment and prior work experience.
4. Supervised Practical Training (SPT) Verification and Supervisor's Evaluation Form must be given to your supervisor, who has been acting in that capacity for at least six months and holds one of the following credentials: CPS or CPM. (For supervisors without the aforementioned credentials, prior authorization by Certification Board to supervise is required. Written request for authority must be submitted to the Certification Board by supervisor, to include academic credentials, specialty and experience.) You may duplicate this material if you want other supervisors to complete and evaluation. **This form must be mailed by your Supervisor to the Board under separate cover, not as part of your application.**
5. Personal Reference Forms must be given to three individuals you plan to list on the formal application. They must all be able to attest to your professional skills. **These forms must be returned by the evaluator to the Board under separate cover, not as part of your application.**
6. Non-refundable application processing fee is \$130 for members; \$190 for non-members.
7. No application will be reviewed until all materials have been received in the office. MAAP reserves the right to request further information from all your employers and other persons listed on the application. Applicant will be notified by mail of the decision of the Certification Board and written exam instructions once application is approved.
8. Keep copies of application and supporting documentation for your records. Do not send original certificates!

Application Checklist

- Completed Application and Portfolio forms including applicant and supervisor signatures; mailed to MAAP, 4785 Old Canton Road, Jackson, MS 39211.
- Resume of Prior Work Experience documented
- Official transcripts mailed directly to MAAP from college/university and copy of your diploma and copy of additional certification status included
- Completed Education Resume including adequate documentation to support: **APS:** 75 hrs. to include minimum hours as follows: 37.5 hrs. in Prevention; 37.5 hrs. in A&D Use/Misuse; 6 hrs. in Ethics; 6 hrs. in HIV/AIDS training and 4 hrs. in Disruptive Audience training.. **CPS & CPM:** 150 hrs. to include minimum hours as follows: 75 hrs. in Prevention; 75 hrs. in A&D Use/Misuse; 6 hrs. in Ethics; 6 hrs. in HIV/AIDS and 4 hrs. in Disruptive Audience training.
- SPT Verification, Supervisor's Evaluation and Personal Reference forms given to individuals for separate mailing
- Ethical Standards of Certified Professionals affirmation dated and signed
- Application Processing Fee included (\$130 MAAP members; \$190 non-members)
- \$90 Membership Dues (if applicable)

Application for Prevention Specialist Certification:

Please indicate which credential you are applying for:

____ APS

____ CPS

____ CPM

Name: _____ Title: _____
First MI Last

SSN (Last 4 digits only): _____ E-Mail Address: _____

Home Address: _____
Number and Street City State Zip

Telephone: (Wk) _____ (Hm) _____ (Cell) _____

Employer: _____

Employer Address: _____
Number and Street City State Zip

I have given the SPT Verification and Supervisor's Evaluation Form to my supervisor listed below (must hold either CPS or CPM OR must attach prior written authorization by Certification Board.) You may duplicate this material if you want other supervisors to complete and evaluation. This form must be mailed by your supervisor to the Board under separate cover, not as part of your application.

Supervisor Name: _____ Title: _____

Telephone Number: _____ Academic Degree(s); Credential(s): _____

Employer (if different than applicant): _____

Employer Address: _____
Number and Street City State Zip

Please list three (3) individuals, other than supervisors, who know you professionally and can attest to your professional skills. Please provide each individual with a Personal Reference form and ask that they complete and mail it directly to the MAAP office.

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

I hereby certify that all of the enclosed application material is true, to the best of my knowledge.

Applicant Signature: _____ Date: _____

Please note: The MAAP Certification Board reserves the right to request further information from all employers and other persons listed on the application form. The Board also reserves the option to request or provide an oral interview with the applicant.

Release:

I hereby request that the MAAP Certification Board grant certification to me based on the following assurances and documentation:

1. I subscribe to and commit myself to professional conduct in keeping with the MAAP Ethical Standards of Certified Professionals;
2. I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;
3. I consent to the release of information contained in my certification application and any other pertinent data submitted or collected by MAAP to officers, members and staff of the aforementioned Board;
4. I consent to and authorize MAAP to gather information from thier parties regarding continuing education and understand that such communication shall be treated as confidential; and
5. Allegations of ethical misconduct reported to MAAP before, during or after application for certification is made will be investigated by MAAP and could result in the nullification of the application or denial or revocation of certification.

Have you ever received any disciplinary action from another certifying or licensing authority?

_____ No _____ Yes (if yes, please describe on separate sheet)

Applicant Signature: _____ Date: _____

Remarks to Accompany Application:

Remarks may consist of a biographical sketch and/or comments you wish to make to the Certification Board.

I submit the foregoing information and related documents for the exclusive use by MAAP and understand these become the property of the MAAP Board.

Applicant Signature: _____ Date: _____

Statement of Your Personal Philosophy of Prevention Services:

This statement should be typewritten and consist of no more than 300 words. It should include your personal philosophy of methods and approaches relating to the prevention of alcohol and drug use, misuse and abuse, and whatever recognized styles you utilize in your profession. Any additional information you feel would be pertinent to your certification please show on the last page of the application packet.

Applicant Signature: _____ Date: _____

Resume of Prevention Experience:

For work experience, you must document 2000 hrs. for APS; 4000 hrs. for CPS; 4000 hrs. plus 6000 hrs. of managerial/supervisory experience for CPM. (NOTE: Hours are based upon a 40-hr. work week). If you have held more than one position for the required hours indicated, please duplicate this sheet and provide the requested information for each position.

Applicant Name: _____

Please indicate credential applied for:

____ APS

____ CPS

____ CPM

1. Name of Employer: _____

Employer Address: _____
Number and Street City State Zip

Employer Phone: _____

2. Name of Immediate Supervisor: _____

3. Dates of Employment: From _____ to _____ for a total of _____ yrs. _____ months
Month/Year Month/Year

4. Average Work Hours Weekly (Exclude Overtime Hours): _____ Hrs.

5. Total number of weeks _____ X hours per week = _____ (this is the hours worked in the field)

6. Total number of hours spent in providing direct prevention services: _____

7. Job Title: _____

8. Brief Job Description/Duties: _____

Please duplicate this page if extra space is needed

Education Resume:

Education/Training must be listed below and accompanied by supporting documentation such as completion certificate indicating the date, name of course, topic and description, signature of presenter and/or supervisor, and number of hours completed. (Of the total hours, one-half must be specific to ATOD use/misuse. 6 hrs. must be in Ethics & 6 hrs. in HIV/AIDS.) Sign-in sheets are inadequate forms of supporting documentation. If supporting documentation cannot be included, do not list the education/training source. Number of hours must conform to the following guidelines: Direct Contact (Conferences, Workshops, and/or Seminars)--MINIMUM 70% (52.5 hrs. for APS; 105 hrs. for CPS/CPM) must be attained; Employer In-Services--MAXIMUM 15% (11.25 hrs. for APS; 22.5 hrs. for CPS/CPM) is acceptable; Online/Home Study--MAXIMUM 15% (11.25 hrs. for APS; 22.5 hrs. for CPS/CPM) is acceptable.

Applicant Name: _____

Please indicate credential applied for: _____ **APS** (75 hrs.) _____ **CPS** (150 hrs.+Bachelor's degree) _____ **CPM** (150 hrs.+Bachelor's degree)

Date(s)	Name of Course/Program	Sponsoring Agency	Presenter's Name	Goals/Objectives of Course/Program	No. Hours

Please duplicate this page if extra space is needed

Supervised Practical Training (SPT) Verification:

To: _____
 Name of Supervisor (Please print)

Supervisor, please complete and sign this document to verify that the below-named applicant has received a total of 120 hours of SPT relating to the prevention domains. SPT includes face-to-face supervision and other activities designed to provide prevention specialist training specific to the domains, and seeks to teach the knowledge and skills of the prevention professional. The supervisory personnel who provide timely positive and negative feedback to assist the prevention professional in this learning process monitors these activities. The supervisor must document a minimum of 10 hours in each of the domains.

Performance Domain	No. of Hours	Agency	SPT Supervisor	Method of Training
I. Planning & Evaluation				
II. Education & Skill Development				
III. Community Organization				
IV. Public Policy & Environmental Change				
V. Professional Growth & Responsibility				
Total No. of Hours*				

I hereby certify that the above-named applicant has received a total of 120 hours of Supervised Practical Training as a prevention professional, with a minimum of 10 hours in each of the five domains.

Supervisor's Signature: _____ Date: _____

Supervisor's Credential (s) and/or License(s): _____

Evaluation by Supervisor:

The MAAP Certification Board reserves the right to request further information from you concerning this applicant. Please mail this form directly to 4785 Old Canton, Jackson, MS 39211, in lieu of returning it to the applicant.

PART I: QUALIFYING INFORMATION (NOTE: Supervisor must hold either CPS or CPM certification. (For supervisors without the aforementioned credentials, prior authorization by the MAAP Certification Board to supervise is required. Written request for authority must be submitted to the Board by supervisor, to include academic credentials, licensure, specialty and experience.)

To: _____ Title: _____
Print Name of Supervisor-Evaluator

Re: _____
Print Name of Applicant

This evaluation is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. The information you provide will be an essential part of the Board’s evaluation of the competence of this applicant. It is our belief that as current/past supervisor you have a complete and accurate impression of the knowledge and skills of this applicant, which directly relate to the domains and skill elements of the competent prevention specialist. Careful and truthful reporting is essential. Please complete the evaluation material below and forward it directly to the Board within one week, if possible, to the address shown below. The Board will not proceed with the application process until this form is returned to us. Thank you for your cooperation in this matter.

To: _____ Title: _____
Name of Supervisor-Evaluator, Credentials, Licensure
Agency: _____ Telephone: _____ (Wk)
Agency Address: _____
No. & Street City, State, Zip

Please identify the work setting in which you observed and gained first-hand knowledge of the applicant’s work:

Agency: _____ Location: _____

Select the procedure(s) you have used to supervise and evaluate the applicant:

___ One-on-One Consultation & Supervision ___ Direct Observation ___ Other (please describe below)

SUPERVISOR-EVALUATOR’S STATEMENT

I hereby certify that the information contained herein represents my true and accurate evaluation of the applicant to the best of my ability.

Signature: _____ Date: _____
(Include Credentials, Licensure)

PART II: EVALUATION OF APPLICANT'S SKILLS

Supervisor's

Initials: _____

Domain I: Planning & Evaluation	Poor	Fair	Acceptable	Good	Excellent
1. Uses needs assessment strategies to gather relevant data for ATOD prevention planning.					
2. Identifies gaps and prioritizes needs based on the assessment of community conditions.					
3. Selects prevention strategies, programs, and best practices to meet the identified needs of the community.					
4. Develops an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.					
5. Identifies resources to sustain prevention activities.					
6. Identifies appropriate ATOD prevention program evaluation strategies.					
7. Conducts evaluation activities to document program implementation and effectiveness.					
8. Uses evaluation findings to determine whether and how to adapt ATOD prevention strategies.					
Domain II: Education & Skill Development	Poor	Fair	Acceptable	Good	Excellent
1. Develops ATOD prevention education and skill development activities based on target audience analysis.					
2. Connects prevention theory and practice to implement effective prevention education and skill development activities.					
3. Maintains program fidelity when implementing evidence-based programs.					
4. Assures that ATOD education and skill activities are appropriate to the culture of the community being served.					
5. Uses appropriate instructional strategies to meet the needs of the target audience.					
6. Ensures all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.					
7. Identifies, adapts, or develops instructor and participant materials for use when implementing ATOD prevention activities.					
8. Provides professionals in related fields with accurate, relevant, timely, and appropriate ATOD prevention information.					
9. Provides technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.					
Domain III: Community Organization	Poor	Fair	Acceptable	Good	Excellent
1. Identifies the community's demographic characteristics and core values.					
2. Identifies key community leaders to ensure diverse representation in ATOD prevention programming activities.					
3. Builds community ownership of ATOD prevention					

programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.					
4. Provides technical assistance to community members/leaders in implementing ATOD prevention activities.					
5. Develops capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.					
6. Assists in creating and sustaining community-based coalitions.					
Domain IV: Public Policy & Environmental Change	Poor	Fair	Acceptable	Good	Excellent
1. Examines the community's public policies and norms to determine environmental change needs.					
2. Makes recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.					
3. Provides technical assistance, training, and consultation that promote environmental change.					
4. Participates in public policy development and enforcement initiatives to affect environmental change.					
5. Uses media strategies to enhance prevention efforts in the community.					
Domain V: Professional Growth & Responsibility	Poor	Fair	Acceptable	Good	Excellent
1. Maintains personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.					
2. Networks with others to develop personal and professional relationships.					
3. Adheres to all legal, professional, and ethical standards.					
4. Builds skills necessary for effectively working within the cultural context of the community.					
5. Demonstrates self-care consistent with ATOD prevention messages.					

Personal Reference #1

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____

Agency: _____ Phone Number: _____ (Wk)

Address: _____

(Other)

City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of ATOD & Prevention	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Personal Reference #2

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____

Agency: _____ Phone Number: _____ (Wk)

Address: _____

(Other)

City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of ATOD & Prevention	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Personal Reference #3

To: _____
Name of Personal Reference

Re: _____
Name of Applicant

This reference is for the above-named applicant, who is submitting an application for certification to the MAAP Certification Board. Please complete the reference material below and forward it directly to the Board as soon as possible at the address shown below. Your prompt attention to this request would be very much appreciated, as the application will not be processed until the Board receives this recommendation from you. ***Please mail this form directly to MAAP, 4785 Old Canton Road, Jackson, MS 39211, in lieu of returning it to the applicant.***

Name: _____ Title: _____

Agency: _____ Phone Number: _____ (Wk)

Address: _____

(Other)

City, State, Zip: _____ E-Mail Address: _____

How long have you known this applicant? _____ years

How would you best describe your relationship to her/him? Personal or Professional (Circle One)

Based on your knowledge of the above-named applicant, rate his/her skills by circling the number that corresponds to the appropriate rating for each item.

	Poor	Fair	Acceptable	Good	Excellent
Common Sense	1	2	3	4	5
Poise	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Reliability	1	2	3	4	5
Personal/Professional	1	2	3	4	5
Empathy	1	2	3	4	5
Works Well with Others	1	2	3	4	5
Ethical Standards	1	2	3	4	5
Knowledge of ATOD & Prevention	1	2	3	4	5
Communication Skills	1	2	3	4	5

Additional Remarks: _____

I hereby certify that the information contained herein represents my true and accurate knowledge of the applicant's skills to the best of my ability.

Signature: _____ Date: _____

The MAAP Certification Board reserves the right to request further information from you concerning this applicant.

Prevention Code of Ethical Standards

Principle 1: Non-Discrimination

The counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition

- The Associate Prevention Specialist / Certified Prevention Specialist / Certified Prevention Manager (APS/CPS/CPM) must not discriminate against service recipients, colleagues, or the general public based on race, religion, age, gender, national ancestry, sexual orientation, marital status, political beliefs, HIV/AIDS status, socioeconomic or handicapping conditions.
- The APS/CPS/CPM should broaden his/her understanding and acceptance of cultural and individual differences in order to render services and provide information sensitive to those differences.

Principle 2: Personal Responsibility

- The APS/CPS/CPM shall exercise competent professional judgment when dealing with service recipients, colleagues, or the general public and shall maintain their best interest at all times.
- The APS/CPS/CPM shall serve as a responsible role model in applying prevention concepts to public and professional relationships.

Principle 3: Professional Competence

- The APS/CPS/CPM shall provide competent, professional service to all in keeping with State of Mississippi standards. Competent professional service requires:
 - thorough knowledge of alcohol, tobacco and other drug abuse prevention
 - skill in presentation and education techniques
 - thoroughness and preparation reasonably necessary to assure the highest level of quality service
 - willingness to maintain current and relevant knowledge through on-going professional education
- The APS/CPS/CPM shall demonstrate personal competence, recognize personal boundaries and limitations, and not offer services beyond his/her skill or training level.
- The APS/CPS/CPM shall comply with and follow all laws, codes, rules, and regulations which apply to substance abuse prevention professional conduct.

Principle 4: Professional Standards

The APS/CPS/CPM shall maintain the highest professional standards and:

- Shall not claim either directly or by implication professional knowledge, qualifications or affiliations that the APS/CPS/CPM does not possess
- Shall not lend his/her name to, or participates in any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way
- Shall not misrepresent his/her certification to the public or make false statements regarding his/her qualifications to the Mississippi Association of Addiction Professionals (MAAP)
- Must ensure that any materials or products with which he/she is associates in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way
- Shall recognize the effect of substance use on professional performance and must be willing to seek appropriate treatment or to support a colleague in need of treatment services
- Must fairly and accurately report appropriate prevention information to service recipients, colleagues, and the general public, acknowledging and documenting sources, materials, and techniques used
- Must not misrepresent the work of others
- Must not misrepresent one's own prevention work for personal or professional recognition, funding, or other gain

Principle 5: Public Statements

- The APS/CPS/CPM must respect the limits of current knowledge in public statements concerning the effectiveness of prevention initiatives, prevention programs, prevention research, and alcohol, tobacco and other drug information.
- The APS/CPS/CPM who conducts training in prevention must indicate to the audience training/qualifications required to properly implement the material, program, or techniques presented/taught in the training.

Principle 6: Material Credit

- The APS/CPS/CPM who participates in the writing, editing, development or production of professional papers, videos/films, pamphlets, books, or any other prevention materials must acknowledge and document any published or unpublished materials, techniques, or sources used in creating these materials.
- The use of copyrighted materials without first receiving author approval is against the law and in violation of professional ethics.

Principle 7: Recipient Welfare

- The APS/CPS/CPM shall maintain objectivity, integrity and the highest professional standards in:
 - delivering prevention service
 - providing a supportive environment
 - protecting the welfare and upholding the best interest of both individual recipients and the public
 - maintaining an objective, non-possessive relationship with those they serve and not exploiting them sexually, financially, or emotionally
 - maintaining an ability and willingness to make appropriate referrals
- The APS/CPS/CPM shall not engage in any action that violates the civil or legal rights of the recipients.

Principle 8: Confidentiality

The APS/CPS/CPM has the responsibility to be aware of and to be in compliance with all applicable state and federal statutes, guidelines, regulations, and agency policies. These include:

- notification of recipient rights
- reporting child abuse or neglect
- reporting misconduct by individuals or agencies
- Maintaining recipient confidentiality and safeguarding from disclosure confidential information acquired during service delivery

Principle 9: Professional Integrity

- The APS/CPS/CPM should:
 - never knowingly make a false statement to the appropriate licensing/certification disciplinary authority
 - promptly alert a colleague to potentially unethical behavior so that colleague can take corrective action
 - report violations of professional conduct by other prevention professionals to the appropriate licensing/certification disciplinary authority when there is knowledge that the professional has violated professional standards
- The APS/CPS/CPM shall practice with integrity which can accommodate inadvertent error and the honest difference of opinion but not intentional deceit or subordination of principle.
- The APS/CPS/CPM shall not practice under a false name or under a name other than the name in which his/her certification is held.

Principle 10: Remuneration

- The APS/CPS/CPM must establish financial arrangements in professional practice in accordance with the professional standards that safeguard the best interests of service recipients, colleagues, and the public.
- The APS/CPS/CPM must not send or receive any commission or rebate or any other form of remuneration for referral of service recipients for professional services.
- The APS/CPS/CPM must not exploit the public's trust nor his/her relationship with service recipients to promote personal gain or the profit of any agency or commercial enterprise of any kind.

Principle 11: Societal Obligations

The APS/CPS/CPM should:

- advocate for consistent health promotion and awareness messages to the general public
- provide factual state-of-the-art alcohol, tobacco, and other drug prevention information to recipients of prevention services
- advocate public policy that would help strengthen the overall health and well-being of the community

Principle 12: Professional Obligations

In addition to adhering to the obligations stated above, the APS/CPS/CPM should strive to maintain and promote the integrity of certification within the State of Mississippi, nationally and internationally, and the advancement of the alcohol, tobacco and other drug prevention profession.

AFFIRMATION

NOTE: The Ethical Standards of Certified Prevention Professionals document and this signature page must be returned in its entirety to the MAAP Certification Board along with your application.

I, _____ (print name) have read and do affirm the foregoing Ethical Standards of Certified Professionals.

Applicant Signature

Date: _____



CREDIT / CARD Payments

Visa	MC	Discover
------	----	----------

Name :

Name as it appears on card:

Credit Card

No. _____

Expiration Date: _____ / _____ Security No. _____

Billing

Address: _____

Amount Authorized to Charge Card shown above: \$ _____

* By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Signature: _____