

GENERAL INFORMATION FOR APPLICANTS
CERTIFIED SUBSTANCE ABUSE PROGRAM ADMINISTRATOR

1. The credential of Certified Substance Abuse Program Administrator (CSAPA) fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements as set forth in Hawaii Administrative Rules 11-177.1. Second, individuals are recognized for the time, education, and experience they have accumulated in the administration of substance abuse programs. Certification is meant to recognize an administrator's accomplishments and competence in administrating substance abuse treatment programs, and not as an entry-level credential.

2. The following information must be received by the Alcohol and Drug Abuse Division (ADAD) in order to process the application for Certified Substance Abuse Program Administrator:
 - a. A completed application for certification.

 - b. A resume that shows at least three years full-time employment as a substance abuse program administrator to include the name and address of the program(s).

 - c. An official job description(s) that coincides with the three years of full-time employment shown on the resume. The job description(s) must include, at a minimum, responsibility for organizational planning and development, program management, human resources management, and financial management.

 - d. A letter of reference from the Chief Executive Officer (CEO) or Chairman of the Board for the program in which the applicant is/was most recently employed as a program administrator.

 - e. A signed Code of Ethics.

 - f. A twenty-five dollar (\$25.00) application fee to be paid by money order or business check only. Personal checks will not be accepted. Money order should be payable to "State Director of Finance."

3. All signatures must be originals. FAXed applications will not be accepted.

4. For additional information, please contact the Certification Office at 692-7518.

**APPLICATION
CERTIFIED SUBSTANCE ABUSE PROGRAM ADIMINSTRATOR**

Please type or print in ink.

1. Name: _____

2. Mailing Address: _____
Street/P.O. Box

City/State/Zip Code

3. Home Phone: _____
Area Code & Number

4. Business Address: _____
Name/Street/P.O. Box

City/State/Zip Code

5. Business Phone: _____
Area Code & Number

6. Social Security Number: _____

7. Have you, at any time, been the subject of a finding of unethical, unprofessional (including malpractice), or illegal conduct made as a part of a final decision by a regulatory body (i.e., licensing board, professional ethics body, or other regulatory body) or by a court (civil or criminal)?
_____Yes _____No (If yes, attach an explanation and copies of official documents)

8. What language(s) are you fluent in other than English? _____

FOR OFFICIAL USE ONLY

Fee Amount: _____

Resume: _____

Date Received: _____

Job Description: _____

Code of Ethics: _____

Letter of Reference: _____

"I hereby certify that all of the information given herein and on any attachments is true and complete to the best of my knowledge. I also authorize any necessary investigations and the release of personal information to the Alcohol and Drug Abuse Division. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, or the failure of the Division to issue me a certificate."

Applicant's Name (PRINT IN INK)

Applicant's Signature (IN INK)

Date

Mail completed application along with a \$25.00 money order or business check payable to "State Director of Finance" to:

ADAD Certification Office
Kakuhihewa Building
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

**You must sign the "Code of Ethics Statement" which is included in this packet. Unsigned or incomplete applications will not be processed.

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants and Certified Substance Abuse Counselors and Program Administrators. Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after five (5) years from date of last correspondence. Therefore, it is important to keep ADAD informed of any address change.

PLEASE READ THE "CERTIFIED SUBSTANCE ABUSE COUNSELOR CODE OF ETHICS," AND COMPLETE THIS "CODE OF ETHICS STATEMENT" AND RETURN IT TO ADAD WITH YOUR GENERAL APPLICATION

CODE OF ETHICS STATEMENT

I HAVE RECEIVED A COPY OF, READ, AND AGREE TO ABIDE BY THE CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) CODE OF ETHICS (REFERENCE: HAR 11-177.1, SUBCHAPTER 3, 11-177.1-33.)

PRINT NAME

SIGNATURE

DATE