

SAP Certification Form

According to the U.S. Department of Transportation rules and regulations, our company must implement a drug and alcohol testing program. As a part of this program, we are required to designate one or more Substance Abuse Professionals (SAPs) to conduct the required evaluations should an employee violate a program prohibition. In order for our company to be able to utilize your SAP services, we require that you sign and return a copy of this certification statement verifying that you agree to provide services in compliance with the DOT regulations and procedures.

- I agree that I will provide SAP services that comply with all 49 CFR Part 40 regulations and all applicable DOT agency regulations.
- I hereby certify that I have been trained in accordance with the SAP training requirements of 49 CFR Part 40.281. **(Please include documentation of training)**
- I hereby certify that I am qualified to perform U.S. Department of Transportation Substance Abuse Professional (SAP) evaluations and that I hold the license/certification indicated below. I further certify that I have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders. **(Please include copies of license/certification)**
- I agree that I will complete at least 12 hours of continuing education credits every three years as required by 49 CFR Part 40.281. **(Please include documentation of continuing education)**
- I agree that I will maintain documentation of my license/certification and SAP training. I further agree that I will provide copies of this documentation if requested by the employer, employer's agent or DOT agency. I will provide these documents within the time frame required by the applicable DOT agency.
- I agree that I will maintain all required records and documentation in the manner and for the time period specified by 49 CFR Part 40.

License or Certification (Please check all that apply)

- Licensed Physician (MD or DO) Licensed or certified psychologist
- Licensed or certified social worker Licensed or certified employee assistance professional
- An addiction counselor certified by the National Association of Alcoholism & Drug Abuse Counselors Certification Commission (NAADAC)
- An addiction counselor certified by the International Certification Reciprocity Consortium Alcohol and other Drug Abuse (ICRC)
- A state-licensed or certified marriage and family therapist
- An addiction counselor certified by the National Board for Certified Counselors, Inc. and Affiliates/ Master Addictions Counselor (NBCC) [Must be certified as a Master Addictions Counselor (MAC)]

Employer/Client Name: _____

Employer/Client Address: _____

Name of SAP Company: _____

Name of SAP: _____

SAP Address: _____

SAP Phone Number: _____ SAP Fax Number: _____

Date SAP Qualification Training Completed: _____ Date SAP Examination Completed: _____

Office Hours & Appointment Procedures: _____

Initial Evaluation Fee: _____ Follow-Up Evaluation Fee: _____

Printed Name of SAP

Signature of SAP

Date

Please complete and fax a copy of this signed form along with copies of your license/certificate and verification of SAP qualification training to: IHSN, Inc. at 715-386-9308.