

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR DETOXIFICATION TECHNICIAN CERTIFICATION

Upload completed application and payment to ALiS.

Date: _____

An applicant initially applying to become a Detoxification Technician must submit this complete application along with the following required items into the electronic ALiS system.

Applicant must indicate by initialing below that each item is contained within the submission packet. Incomplete application packets may be denied.

	\$25.00 non-refundable fee (paid through electronic ALiS system)	NAC458.341
	Copy of high school diploma or GED	NAC458.341
	Copy of a current certification in the techniques of administrating cardiopulmonary resuscitation (CPR)	NAC458.341
	A statement signed by the applicant indicating whether the applicant has been convicted of a felony and, if so, when and where the conviction occurred and a description of the offense	NAC458.342
	Certificate of completed 6-hour training (Center for the Application of Substance Abuse Technologies online 4-module training) / Proof of passing an examination for certification as a detoxification technician (Center for the Application of Substance Abuse Technologies) – Passing score = minimum of 70%	NAC458.341, NAC458.345
	Written Verification of the applicant’s current employment submitted on Agency Letterhead	NAC458.342

Once the application packet is received, it will be reviewed to ensure all documents have been submitted as identified in the checklist above. Once issued, certification is valid for two years.

Please complete the information requested below:

Applicant’s Information

Name: _____ Social Security#: _____
 Phone Number: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip: _____
 E-mail Address: _____

Applicant’s Employer Information

Employer Name: _____ Phone: _____
 Employer Address: _____
 City: _____
 State: _____ Zip: _____
 Employer Fax: _____
 How long employed? _____

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CHILD SUPPORT INFORMATION:

Nevada State Law (NRS458.026) requires you to check one of the following:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I'm in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

FELONY ATTESTATION:

Please check one of the following:

_____ I have not been convicted of a felony.

_____ I have been convicted of a felony. I have attached a statement indicating when and where the conviction occurred and a description of the offense.

I certify under penalty of perjury that all information on this form is true and correct.

SIGNATURE: _____

DATE: _____

Note: It is the responsibility of each individual to notify SAPTA in writing of a change of address, employment, or name within 10 days after the change.