

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
RENEWAL APPLICATION FOR DETOXIFICATION TECHNICIAN CERTIFICATION
Return completed application and payment to: SAPTA, 4126 Technology Way, Suite 200, Carson City, NV 89706

Date: _____

To apply for renewal of a Detoxification Technician certificate, the applicant must submit this application completed with the following (by initialing below, please indicate whether these required items are included in your application packet):

	\$25.00 non-refundable fee (made payable to the Substance Abuse Prevention and Treatment Agency)
	Copy of your certification in the techniques of administrating cardiopulmonary resuscitation (CPR) that is current
	Initialed felony statement
	Certificate for completed approved 6-hour training (Center for the Application of Substance Abuse Technologies online 4-module training)

The completed renewal application and check made out to the Substance Abuse Prevention and Treatment Agency (SAPTA) should be sent to the address listed above in the header. Once the renewal application is received, it will be reviewed to ensure that it is complete, and that everything identified in the checklist above is attached. If it is determined that it is, you will be notified to take the exam which you must pass with a minimum of 70% in order to be granted a certificate. Your certification is valid for two years (based on the last module training completion date).

Please complete the information requested below:

Applicant's Information

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

I am an active member of the Armed Forces, a member's spouse, a veteran, or a veteran's spouse. Yes _____ No _____

Applicant's Employer Information

Employer Name: _____ Phone: _____
Employer Address: _____
City: _____
State: _____ Zip: _____
Employer Fax: _____

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To provide child support information, FEDERAL LAW 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 am in compliance with the order, or I 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.