MICHIGAN CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS

Michigan Addictions Fundamentals Examination

REGISTRATION FORM

APPLICANT INFORMATION:					
Applicant's Name	e First	Middle Initial	Last		
Mailing Address					
Cit	y State		Zip Code		
Daytime Telepho	ne ()				
* <u>REQUIRED</u> En	nail Address:				
I wish to register	for the following mont	h and year:			
Month:	Year:				
-	registered, MCBAP will ns or postponements w	•	ail to set up a test date ar mentation.	ıd time. There	
I understand:	 The exam fee (\$80) is non-refundable. THERE ARE NO CANCELLATIONS OR POSTPONEMENTS. I must have a valid photo ID to gain admittance. 				
By signing, I ackn	owledge I have read and	understand the infor	mation noted above.		
Registrants Signat	ture				

Return the completed registration form and <u>non-refundable exam fee (\$80)</u> to the address below. Make check or money order payable to MCBAP. For more information regarding the Michigan Addiction Fundamentals Examination, or if you do not receive a confirmation email, contact MCBAP at (517) 347-0891.

MCBAP 6639 Centurion Drive, Suite 170 Lansing, MI 48917

DISABILITY/RELIGIOUS RELATED NEEDS

Individuals with disabilities and/or religious obligations that require modifications in test administration, may request specific procedure changes, in writing six weeks prior to the scheduled test. With the written request, the candidate must provide official documentation of the disability or religious issue.

EXAM AND STUDY GUIDE INFORMATION

The Michigan Addiction Fundamental Examination was developed through the Southern Coast Addiction Technology Transfer Center and the Florida Certification Board. An entry-level examination based on SAMSHA Tap 21, consisting of 100 multiple-choice questions. This exam will benefit an entry-level person with a Registration/Development Plan or a seasoned professional wanting to review their knowledge.

Study material can be purchased from http://iaodapca.organization/forms/mfae.cfm

DEMOGRAPHIC INFORMATION

Completion of this section is optional. Information contained in this section is not used for registration purpose, but is used for statistical reporting. At your option, indicate your educational level, racial/ethic group, and gender.

Indicate your highest educational level below:	Indicate your racial/ethnic group below:
(Check only one)	(Check only one)
 No High School Diploma High School Diploma or GED Vocational Certification Associate of Arts/Associate of Science Degree Bachelor's Degree Master's Degree 	Caucasian Black/African-American American Indian/ Alaskan Native Asian or Pacific Islander Hispanic Other
Naster's Degree Doctoral	Onler
Indicate your gender below: (check only one) Male Female	Years of experience:
For office use only: Registration # Amount Paid Date Paid	Check #

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