

Michigan Certification Board for Addiction Professionals

616 S. Creyts Road, Suite A, Lansing, MI 48917

Development Plan Extension Request

This document is ***only*** to be used for individuals that were off work during the Development Plan. If you left your place of employment permanently during your plan, please email info@mcbap.com for more information.

Full Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Last 4 Digits of Social _____

Email Address: _____

Agency Name: _____

Supervisor Name: _____

Dates Off Work: _____

A letter written by your supervisor **must be submitted** with this form explaining the reason you were off work. Requirements for the letter are:

- **Must** be on company letterhead
- **Must** include dates you were off work
- **Must** be signed by your supervisor

Please mail the form and letter to MCBAP, **email and fax submissions are not accepted.**

*It is the policy of the Michigan Certification Board for Addiction Professionals (MCBAP) not to extend Development Plans beyond the expiration date for any other reason.