

**MICHIGAN CERTIFICATION BOARD
FOR ADDICTION PROFESSIONALS**
Michigan Addictions Fundamentals Examination

REGISTRATION FORM

APPLICANT INFORMATION:

Applicant's Name _____
First Middle Initial Last

Mailing Address _____

City State Zip Code

Daytime Telephone (____) _____

***REQUIRED** Email Address: _____

I wish to register for the following month and year:

Month: _____ Year: _____

Please note – The MAFE will not be offered during the month of March 2020

Note: Once pre-registered, MCBAP will contact you via email to set up a test date and time. There are no cancelations or postponements without medical documentation.

- I understand:
1. The exam fee (\$100) is non-refundable.
 2. THERE ARE NO CANCELLATIONS OR POSTPONEMENTS.
 3. I must have a valid photo ID to gain admittance.

By signing, I acknowledge I have read and understand the information noted above.

Registrants Signature _____

Return the completed registration form and **non-refundable exam fee (\$100)** to the address below. Make check or money order payable to MCBAP. For more information regarding the Michigan Addictions Fundamentals Examination, or if you do not receive a confirmation email, contact MCBAP at (517) 347-0891.

**MCBAP
616 S. Creyts Road, Suite A
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/ethnic group, and gender.

Indicate your highest educational level below:

(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
- Doctoral

Indicate your racial/ethnic group below:

(Check only one)

- Caucasian
- Black/African-American
- American Indian/ Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Other

Indicate your gender below: (check only one)

- Male
- Female

Years of experience: _____

For office use only:

Registration # _____ Amount Paid _____ Check # _____

Date Paid _____

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