Letter of Agreement for Recertification

Name: _____
 Last First Middle

Address: _____ _____ _____ _____
 Street or PO Box City State Zip

NAADAC/ SCAADAC Membership Number: _____ Date of Expiration: _____

I _____certify that all information required for recertification as a _____is accurate and complete. I understand that untrue or incomplete information may result in having my certification revoked.

I understand that I may be randomly selected for audit of training hours and that I will be required to verify all continuing education/training by submitting the following:

• Training certificates (containing trainee's name, training name, number of clock hours for training event); or
• Official transcripts of undergraduate, graduate or professional studies forwarded by issuing institution

I recognize and understand that the members of the SCAADAC Certification Commission are the sole and only judges of the qualifications required for receiving or maintaining certification. I further recognize that the SCAADAC Certification Commission reserves the right to modify or alter at any time the standards, qualifications, rules, policies, or procedures in connection with the certification process. Failure to provide proof of continuing education/training requirements may result in ahearing, suspension or revocation of certification.

I agree to the above statements regarding my recertification application.

_____ _____
 Signature of Applicant Date

Pay online with credit or debit card and email to info@scaadac.org or mail with check or money order to: SCAADAC Certification Commission, 1215 Anthony Avenue, Columbia, SC 29201.

Training Event or College Course	Core Function Relationship	Dates	Hours