

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

CELL PHONE: _____ **E-MAIL** _____

SIGNATURE: _____ **DATE:** _____

Please specify the items you are requesting:

_____ 1.	Written Examination Application Fee (All New Applicants)	\$225.00
_____ 2.	Re-Test Fee	\$180.00
_____ 3.	Re-certification Application Fee	\$200.00
_____ 4.	Lapsed Credential Reactivation Fee	\$300.00/\$425.00
_____ 5.	Additional Certificates Fee (Specify _____) per certificate	\$15.00
_____ 6.	Prevention Recertification Fee	\$200.00
_____ 7.	Criminal Justice Recertification Fee	\$200.00
_____ 8.	Clinical Supervisor Recertification Fee	\$200.00

**ALL FEES ARE NON-REFUNDABLE WHETHER OR
NOT YOU ARE GRANTED THE CREDENTIAL.**

***Please make certified check or money order payable to:
DCAPC***

and return to:

***DCAPC
4105 First Street, S.E.
Washington, D.C. 20032***