



## REQUEST FOR CERTIFICATION APPLICATION

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Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

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Work Address \_\_\_\_\_

Work City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please indicate which address you prefer: \_\_\_\_\_ Home \_\_\_\_\_ Work

\*\*You will receive access to the Prevention Section of the website once this form is processed and fees are received.

### Fees:

- \_\_\_\_\_ \$150    Membership Dues & Member Application Package
- \_\_\_\_\_ \$100    Member Application Package
- \_\_\_\_\_ \$175    Non-Member Application Package

\_\_\_ I have enclosed a check for \$\_\_\_\_\_ to cover the cost of my Application Package.

\_\_\_ I paid the fee online and received confirmation # \_\_\_\_\_.

Please return this this completed form along with your check made payable to SCAPPA to:

SCAPPA Certification Commission  
PO Box 1763  
Columbia, SC 29202

Please contact SCAPPA by phone at (803) 252-1087 or email [scappa@capconsc.com](mailto:scappa@capconsc.com) with any questions.