



Certification Application

If you would like to receive an application for Prevention Certification, please complete the information below.

Name _____

Address _____
Street Address / No PO Box

City/State/Zip _____

Phone: (w) _____ (h) _____

Email _____ (f) _____

Employer/School _____

Job/Position _____

I would like to receive an application for (check one):

_____ Certified Prevention Professional

_____ Certified Senior Prevention Professional

Fees

_____ \$75 Member Rate

_____ \$150 Non Member Rate

Please enclose your check and mail to:

SCAPPA Certification
PO Box 1763
Columbia, SC 29202

For questions or information please contact Laura Stuckey at 803.252.1087 or lstuckey@capconsc.com