



**MARYLAND ADDICTION & BEHAVIORAL-HEALTH PROFESSIONALS  
CERTIFICATION BOARD  
10807 FALLS ROAD, P.O. BOX #1376, BROOKLANDVILLE, MD. 21022  
866-537-5340 (Office/Fax)  
[www.mapcb.wordpress.com](http://www.mapcb.wordpress.com)**

**APPLICATION FOR BOARD MEMBERSHIP**

**IDENTIFYING INFORMATION:**

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Last Name	First Name	Initial	Date of Birth
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Home Street Address

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City	State	Zip	Home Phone Number
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Email Address

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Place of Employment

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Street Address

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City	State	Zip	Work Phone Number
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Current Position/Title

**Please give a brief description of your employment duties:**

**Why do you wish to become a MABPCB Board Member?**

**What is your current certification/State License?** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Membership in Professional Societies or Associations:** \_\_\_\_\_

**CLINICAL REFERENCES: If possible, include one member of MABPCB. Also, list clinical or administrative references with the most current reference first.**

1.	_____ Clinician and Discipline	_____ Length of Association
	_____ Address	_____ Phone Number
2.	_____ Clinician and Discipline	_____ Length of Association
	_____ Address	_____ Phone Number
3.	_____ Clinician and Discipline	_____ Length of Association
	_____ Address	_____ Phone Number

**\*\* If you previously served with MABPCB, please give a summary of the dates you served and reason you resigned, on a separate sheet of paper.\*\***

**STATEMENT OF RESPONSIBILITY**

I fully understand that any significant misstatement in or omission from this application constitutes cause for denial of appointment to the Certification Board. All information submitted in this application is true to the best of my knowledge and belief. In completing this application for appointment with the Certification Board, I agree to be bound by the terms of the MABPCB Ethical Policy before, during and after my possible selection to become a member.

As an applicant for membership, I agree to produce adequate information and/or documentation for proper evaluation of my professional competence, character, ethical standards and other qualifications in order to resolve any questions regarding my qualifications.

I also accept the responsibility to actively serve on the Certification Board for a full-term of two years. I accept the responsibility to actively serve on at least one subcommittee of the Certification Board. I also understand my participation at all bi-monthly Certification Board meetings is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_