## CHALLENGE EXAMINATION APPLICATION

Challenge examinations are available for courses that fulfill the specialized training requirements for State Merit System classifications Certified Professional Counselor – Alcohol and Drug, Supervisor and Certified Professional Counselor – Alcohol and Drug, Advanced.

Name (print)			S	SS#	
Home Address					
City	State	Zip Code	H	ome Phone #	
Work Phone #	E	mail Address			
Name of Employe	er				
	TITLE(S)	OF COURSE(S) BE	EING CHALL	<u>ENGED</u>	
1)					
2)					
3)					
4)					
You will be allotted	1.5 hours for ea	ach examination.	The fee is	\$30.00 per examination.	
Total Payment: \$3	<b>0.00</b> X {# of exar	= \$ mination(s)}			
R*Stars Transfer m	ust be included	in order for the a	pplication to	oropriation code for an be accepted. (No cash.) No federal purchase orders	
Total Amount End IMPORTANT: Mak			to <b>Behavio</b>	ral Health Administration.	
For payment by R*	STARS Transfe	r: (Original codinç	g and signa	ture - not duplicated.)	
(Agency Code)	(Program)	(Item/Source)	(Fund)	Fiscal Officer Signature	

Send application to: ATTN: Fiscal

c/o Office of Workforce Development & Training Behavioral Health Administration Dix Building 55 Wade Avenue, Catonsville MD 21228

Office: 410-402-8575