

APPLICATION FOR re-Certification for Medication Assisted Treatment Advocate (CMA)

I,		apply to the National Alliance for Medication Assisted Recover				
for ce	ertification as a	Certified Mo	edicati	on Assiste	d Treatment Advocate (CMA). I understand that the	
crede	ntials provided	certifying st	atus as	a Certified	Medication Assisted Treatment Advocate (CMA)	
are th	ne property of t	he National A	Alliance	e for Medic	ation Assisted Recovery (NAMA Recovery) and can be	
revok	ted at anytime	by the Nation	al Allia	nce for Me	edication Assisted Recovery.	
		(Check	k year(s	s) that you to	ning requirements on 2004 □, 2006 □ and/or 2007 □. took training.) or Medication Assisted Treatment Advocacy. Code of Ethics.	
	Signature				me qualifies as my signature.	
Please	print your name a	s you want it on	ı your CM	MA Certificat	e: Last	
	Address				Organization	
	City	s	tate	Zip code	Position	
	Hm. Telephone				 E-mail	

Mail completed application with test to: NAMA Recovery CMA Training

MARS Project/Port Morris Wellness Center

804 East 138 Street Bronx, NY 10454