



# Substance Abuse Recognition Training Program Approval Submission Form For NAID AAA & PRISM Privacy+ Certification



## Pertains to Certification Spec 1.3 Option #2

Please complete this form and submit to i-SIGMA for approval of your Substance Abuse Program Training (SARP). Upon approval of your program a confirmation email will be sent. Please remember that manager(s) and/or supervisors must go through the program annually.

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Total # Supervisors Trained at above Operation: \_\_\_\_\_ Total # Destruction Employees at above Operation: \_\_\_\_\_

Is the application for multiple locations? ☐ No ☐ Yes (If yes, please provide the Company name, city and state of the other locations that will be utilizing this program.)

1. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

2. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

Agency administering the program: \_\_\_\_\_

Contact person at Agency: \_\_\_\_\_

Agency phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Date the program was last conducted (or is to be conducted): \_\_\_\_\_

I am providing the following program information:

☐ Certificate ☐ Graded test ☐ Signed attendance roster ☐ Other, explain \_\_\_\_\_

AND

☐ Outline of Program & Handouts/materials used during training OR ☐ Proof of DOT approved program

Company  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Use Only

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please submit the form via:

FAX: (480)658-2088

EMAIL: [certification@isigmaonline.org](mailto:certification@isigmaonline.org)