

SAP ACCREDITATION QUESTIONNAIRE

I. Regulatory Issues

1. Please list your credentials that qualify you to perform DOT SAP services and the year originally obtained:

_____ Year Obtained _____

2. When was your original SAP qualification training?

_____ Month _____ Year

3. When did you take your original SAP exam?

_____ Month _____ Year

3a. When was your exam validated and by whom?

_____ When _____ By whom

4. How long have you been performing in the capacity of a DOT SAP?

_____ Years _____ Months

5. Have you ever been the subject of a DOT audit?

YES _____ NO _____

If YES:

5a. Which DOT agency(ies)?

FMCSA _____ FAA _____ FRA _____ USCG _____ PHMSA _____ FTA _____

5b. Were any deficiencies identified?

YES _____ NO _____

If YES:

Were the deficiencies resolved?

YES _____ NO _____

5c. Did you implement a procedure/process to ensure the issues remain corrected?

YES _____ NO _____

6. Do you subscribe to the List Serve on the ODAPC website to receive updates?

YES _____ NO _____

7. How do you stay apprised of changing state laws: _____

8. How many CEUs are SAPs required to obtain, and what is the frequency?

_____ # of CEUs _____ Frequency

II. Return-to-Duty Process

1. What Subpart of Part 49 CFR Part 40 must the SAP follow for the Return-to-Duty process for those DOT regulated individuals?

2. List some criteria that the SAP must use to evaluate an individual following a positive or refusal to test? _____

4. What course of action might the SAP prescribe for an individual who undergoes the return-to-duty process? _____

5. Who does the SAP provide a written report to when the individual has completed the return-to-duty process and requires a return-to-duty test?

_____ MRO _____ Company DER _____ Laboratory

6. What 10 pieces of information must be included in the SAP letter to the employer regarding the evaluation(s)? _____

7. What are three (3) things SAPs are prohibited from considering when determining recommendations for assistance?

8. If the employer does not agree with the findings of the SAP, they may find another SAP to provide a second evaluation.

_____ True _____ False

III. Return-to-Duty and Follow-Up Testing

1. When is the employee required to complete a return-to-duty drug and/or alcohol test?
_____ Before a follow-up SAP evaluation _____ After a follow-up SAP evaluation

2. Which association(s) are you a current member of:
_____ NDASA _____ SAPAA _____ DATIA _____ SHRM

3. All return-to-duty and follow-up drug tests must be completed under direct observation.
_____ True _____ False

4. If you have staff to assist you with your SAP duties, please list all training they have completed?

5. How and where do you receive industry updates to remain current on relevant information?

6. How do you determine the number and frequency of follow-up tests? _____

IV. Training, Development and Leadership

1. Do you have a written agreement with employers to provide SAP services?
YES _____ NO _____

2. Do you provide the SAP service or act solely as a referral service to refer individuals to a qualified SAP in their area?
YES _____ NO _____

IF YES:

Do you ensure that all referred SAPs have met the qualifications under Part 40?

YES _____ NO _____

3. Do you maintain professional liability insurance (errors and omissions) coverage?
YES _____ NO _____

If YES:

Please provide a certificate of insurance showing coverage amount

4. Do you maintain general liability insurance?

YES _____ NO _____

IF YES:

4a. Please provide a certificate of insurance showing coverage amount

V. Ethical Standards, Integrity and Confidentiality

1. Do you store internally or electronically any Personally Identifiable Information (PII) (such as social security numbers, date of births, etc.) in the SAPs office?

YES _____ NO _____

If YES:

1a. Do you have security measures in place to protect any sensitive information (PII, test results, health reports, etc.)?

YES _____ NO _____

If NO:

1b. Does your outside vendor who stores sensitive information, (PII, test results, health reports, etc.), have security measures in place to protect the information?

YES _____ NO _____

2. Are your staff and managers who receive client information and/or records required to sign a confidentiality or a non-disclosure agreement to protect client information?

YES _____ NO _____

Quick Quiz: (Highlight or underline the correct multiple choice selection)

1. **What is the SAP's fundamental responsibility?**
 - a. To provide a comprehensive face-to-face assessment and clinical evaluation
 - b. To recommend a course of education and/or treatment
 - c. To protect the public interest
 - d. A, B and C
 - e. None of the above

2. **Who determines if the employee has successfully completed the return-to-duty process?**
 - a. The DER
 - b. The MRO
 - c. The SAP
 - d. None of the above
 - e. A and C

3. **The employer may allow the employee to continue performing safety-sensitive DOT duties once they have made contact with a SAP?**
 True False

4. **How many evaluations must the SAP perform on an DOT regulated individual?**
 One Two Three Four Five

5. **Treatment options prescribed by a SAP include, but are not limited to:**
 - a. In-patient treatment
 - b. Partial in-patient treatment
 - c. Out-patient treatment
 - d. After care
 - e. All of the above

6. **What credentials are required to be an SAP under DOT regulations?**
 - a. Licensed physician (MD or DO)
 - b. Licensed social worker or psychologist
 - c. State licensed or certified marriage or family therapist
 - d. An alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC), or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board of Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC)
 - e. Any of the above

- 7. What reason(s) for testing per DOT always require collections be performed under direct observation?**
- a. Pre-employment & Random
 - b. Return-to-Duty & Follow-up
 - c. Random & Reasonable Suspicion
 - d. Follow-up & Post-Accident
 - e. Post-accident & Reasonable Suspicion
- 8. What is the minimum number of follow-up drug and/or alcohol tests required in the first year?**
- a. 2
 - b. 4
 - c. 12
 - d. 8
 - e. 6
- 9. The SAP may have a financial interest in the facility where treatment will be provided?**
_____ True _____ False
- 10. How long can follow-up drug and/or alcohol testing last?**
- a. 1 year
 - b. 2 years
 - c. 5 years
 - d. 3 years
 - e. None of the above