



**Chemical Dependency Nurse Certified (CDNC)  
CERTIFICATION EXAMINATION APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer Address (begin with current employer)	Start Date	End Date	Number of Hours (chemical dependency experience)

**TOTAL HOURS:** \_\_\_\_\_

Supervisor (name printed): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Fee: \$125.00 for members; \$250.00 for non-members**

Submit completed application with fee to: MACDN, P.O. Box 24721, Baltimore, Maryland 21220

Check \_\_\_\_\_ or Money order \_\_\_\_\_