

CAADE

CBT (Computer Based Testing) CATC EXAM APPLICATION

READ ALL INSTRUCTIONS CAREFULLY – this application is NOT for sit-down exam in October!!

This is the first of a two-step process. All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided shall be used to determine qualification for examination under the California Association of Alcohol & Drug Educators regulations for the Certified Addictions Treatment Counselor credential.

Complete application form below according to the instructions with the following attached:

1. **Proof of completion** of Alcohol and Drug Studies (ADS) certificate curriculum at a State accredited, **CAADE approved school**. (ADS Certificate or transcript signed by the ADS Program Director indicating completion). Copies of original documents are fine.
2. **Proof of current CAADE membership** (copy of membership card or membership application and fee)
3. **\$55.00 non-refundable processing fee.** (**if you pay via PayPal, you MUST attach a copy of your Paypal receipt showing amount paid**)

Submit the completed application and required documents for examination to:

CAADE - P.O. Box 7297 Ventura, CA 93006

Only those applicants whose applications are approved will be eligible to take the examination. Approved applicants will receive instructions by telephone explaining how to register for the computerized CATC exam in their area.

All Information Requested Must Be Typed Or Legibly Printed

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for denial of a certificate.)

1. Name: Last	First	Middle
2. Address:	City:	State
3. Birth Date: (mm/dd/yyyy)	4. The best phone number to reach you to give you exam information:	
5. California Drivers License No.:	6. Ethnicity:	7. Male Female (circle one)
8. CAADE Accredited Alcohol & Drug Studies School you completed, name and city of college:		
9. Date ADS Completed:	10. * Social Security #: (this will be your exam ID#)	

11. Have you ever applied to this Board of Certification under another name? If so, please list such name(s).
 YES NO

I VERIFY THAT THE ABOVE IS TRUE UNDER PENALTY OF PURGERY.

Signature of Applicant _____ **Date** _____

"Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA (c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you."

OFFICE USE ONLY

M.O. :	ADS CERT. :	MEMBERSHIP :	APPROVED :
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