

**CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS  
CAREER TRACK ACCREDITATION SELF STUDY CHECK LIST**

Accreditation is completed through a self-study and approval process every five years after the initial accreditation. Please TYPE the following information in the right hand column and save the document with a unique name that will identify the document with your program (e.g., ABC\_School\_InitialApplication\_1-2015.doc). Submit completed form with check or proof of payment of \$150 non-refundable application fee (plus institutional membership fee if applicable) to CAADE Career Track Accreditation, 5230 Clark Avenue, Suite 3, Lakewood, CA 90712 (or by email to [jkearney@caade.org](mailto:jkearney@caade.org)). See [fee schedule](#) for full list of accreditation fees and expenses (invoiced later).

<b>Date of This Application</b>	
<b>Program Information</b>	
School Name	
Program Name	
Address	
Phone number	
Fax number	
Email address	
Program website	
BPPE approval or other accreditation: <i>Please describe w/dates received and/or renewed</i>	
<b>Program Director</b>	
• Name and title	
• Phone number	
• Fax number	
• Email address	
• Address (if different)	



California Association for Alcohol/Drug  
Educators



## CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS CAREER TRACK ACCREDITATION SELF STUDY CHECK LIST

I. CURRICULUM	Yes	No	Comments
A. Is the program based on TAP 21 guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	
B. 1. Is there a program philosophy or mission statement?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are all course outlines enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are course descriptions included in the course outline?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are course objectives included in the course outlines?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are evaluation procedures contained in the course outlines?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there a syllabus from the individual instructor for each course offered?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the program addressing the diversity of the student population?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is program reviewed periodically for current information?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the program designed to meet the minimum standards of the <b>ACCREDITATION GUIDELINES FOR ALCOHOL AND DRUG COUNSELOR PROGRAMS FOR POST-SECONDARY SCHOOLS WORKFORCE CAREER TRACK?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
II. TEACHING AND INSTRUCTIONAL MODALITIES	Yes	No	Comments
<b>A. Are there provisions for learning skills through a variety of modalities such as:</b>			
1. Written assignments	<input type="checkbox"/>	<input type="checkbox"/>	
2. Essays and research reports	<input type="checkbox"/>	<input type="checkbox"/>	
3. Review of current articles	<input type="checkbox"/>	<input type="checkbox"/>	
4. Audio visual presentations	<input type="checkbox"/>	<input type="checkbox"/>	
5. Supervised field experience in a licensed or certified facility(at least 250 hours)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. Are there provisions for providing learning experiences that include:</b>			
1. Verbal presentations	<input type="checkbox"/>	<input type="checkbox"/>	
2. Lab experiences and/or practicum experiences	<input type="checkbox"/>	<input type="checkbox"/>	
3. Analytical experiences (Problem Solving Activities)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Written expression	<input type="checkbox"/>	<input type="checkbox"/>	
5. Skill exercises	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Are the following modalities utilized in providing the above mentioned learning experiences:</b>			
1. Lecture presentations	<input type="checkbox"/>	<input type="checkbox"/>	
2. Term projects	<input type="checkbox"/>	<input type="checkbox"/>	
3. Discussions	<input type="checkbox"/>	<input type="checkbox"/>	
4. Actual work experience	<input type="checkbox"/>	<input type="checkbox"/>	
5. Guided discussions	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Reading assignments	<input type="checkbox"/>	<input type="checkbox"/>	
7. Independent assignments	<input type="checkbox"/>	<input type="checkbox"/>	
8. Instruction via Media	<input type="checkbox"/>	<input type="checkbox"/>	
9. One to one supervision	<input type="checkbox"/>	<input type="checkbox"/>	
10. Guest speakers	<input type="checkbox"/>	<input type="checkbox"/>	
11. Small group exercises	<input type="checkbox"/>	<input type="checkbox"/>	
12. Field experience	<input type="checkbox"/>	<input type="checkbox"/>	
13. Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>III. LIBRARY AND MEDIA RESOURCES</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
A. Submit list of subscriptions to periodicals and journals relevant to addictions.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Submit list of alcohol drug audio visual, VCR/DVD Tapes, Films, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Are audio and media resources readily available to students? (This is not a requirement)	<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: Does self study reflect a timeline to accomplish above objectives if not currently in place? (i.e., purchase orders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IV. FACULTY QUALIFICATIONS</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
A. Do faculty vitas and other teaching certification documentation reflect faculty training/experience to carry out the program?	<input type="checkbox"/>	<input type="checkbox"/>	
B. Are all faculty vitas or resumes included?	<input type="checkbox"/>	<input type="checkbox"/>	
C. Submit evidence of Professional Development (this can be done by the Program Director checking online at least annually for license or certification status of each instructor and a review of their Continuing Education)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V. ADMISSION, GUIDANCE, EVALUATION</b>			
<b>A. ADMISSIONS(submit copies of the following) I</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is there a written admissions policy?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are there means to refer students who do not possess the necessary academic skills?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are students informed of the skills that will be necessary to complete the program?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there a policy to give credit for completion of equivalent curriculum requirements from other institutions?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. GUIDANCE</b>			
1. How are the students given information concerning:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Tutoring services available	<input type="checkbox"/>	<input type="checkbox"/>	
b. Remediation service/learning assistance	<input type="checkbox"/>	<input type="checkbox"/>	
c. Library services (including information given to students on free resources from SAMSHA)	<input type="checkbox"/>	<input type="checkbox"/>	
d. Student services	<input type="checkbox"/>	<input type="checkbox"/>	
e. Health services	<input type="checkbox"/>	<input type="checkbox"/>	
f. Financial aid	<input type="checkbox"/>	<input type="checkbox"/>	
g. How is student advisement provided?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Submit copy of your program information given to students, e.g., student handbook.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are students advised of the institution's alcohol/drug policy? (submit copy)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there a due process policy? (submit Copy)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are students advised of the school policy on cheating and plagiarism? (policy should be in student handbook and each syllabus)	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Explain how your program promotes a learning environment that encourages retention and academic success. Show evidence to support this process. Please also explain that students are given a variety of viewpoints, and that no student will have the same instructor for more than 33% of courses.	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does each course syllabus contain the following:	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
a. Course description	<input type="checkbox"/>	<input type="checkbox"/>		
b. Course objectives	<input type="checkbox"/>	<input type="checkbox"/>		
c. Course requirements	<input type="checkbox"/>	<input type="checkbox"/>		
d. Attendance policy	<input type="checkbox"/>	<input type="checkbox"/>		
e. Grading & academic honesty policy	<input type="checkbox"/>	<input type="checkbox"/>		
f. How to contact instructor for assistance and/or questions	<input type="checkbox"/>	<input type="checkbox"/>		
g. Is there evidence that faculty are available to students?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>C. EVALUATION</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
1. Programs should have clear written standards and procedures for student evaluation to include:				
a. Competency based criteria for evaluation in skill/practicum	<input type="checkbox"/>	<input type="checkbox"/>		
b. Dismissal/suspension policy	<input type="checkbox"/>	<input type="checkbox"/>		
c. Does the school have a process for advising students of their due process rights?	<input type="checkbox"/>	<input type="checkbox"/>		
d. Are there means to refer students who are inappropriate for the field? (Explain in narrative below)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Advisement of academic standing if not meeting competencies?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Describe how department, faculty and staff are prepared to assist non-traditional students and students from diverse backgrounds	<input type="checkbox"/>	<input type="checkbox"/>		
<b>VII. HEALTH LAWS AND ETHICS:</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	
Provide evidence that your program is aware of health laws as they relate to admission of students? (explain in writing)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>VIII. ADVISORY COMMITTEES</b>				
A. Does your program have an alcohol/drug advisory committee?	<input type="checkbox"/>	<input type="checkbox"/>		
B. If yes, provide a listing of advisory committee members.	<input type="checkbox"/>	<input type="checkbox"/>		
C. Provide evidence that your program is utilizing the advisory committee in curriculum development, community outreach, marketing, job placement, etc. (meeting minutes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Does your school adequately explain the requirements for state-approved certification and the "tiered system" available to students?</b>				
<b>Please provide your program's average yearly student enrollment for the past 4 years (approximate if no data are available)</b>	<b>Year/#</b>	<b>Year/#</b>	<b>Year/#</b>	<b>Year/#</b>

**Include the following supporting information/documents on page 4 or as attachments in separate files:**

- Program philosophy & Mission Statement
- History of program

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- Alcohol and Drug Studies Certificate Requirements  
(List of required and elective courses) Explanation of where specific objectives are covered. For example, if topics in Laws & Ethics is covered in both a Laws & Ethics class and a Case Management class, then topics specifically mentioned in the Guidelines should be clearly identified as assigned to which class will cover which topic.
- Course Outlines/Course Syllabi
- Faculty Vitas/Resumes
- Student Handbook; faculty handbook (if any)
- Current Course Catalog/Listing
- List of library resources (books, journals, videos)
- List of advisory committee members (if applicable)
- Minutes from advisory committee meetings (if any)
- Faculty professional development policy
- Organizational Membership in CAADE (\$300/year includes 5 individual memberships; may be given to faculty or students). Membership forms attached beginning on page 8. Please print out form for signature for each individual receiving membership and submit to the CAADE Career Track Accreditation Chair with this application.
- Evidence of BPPE approval or equivalent

**Begin narrative here (Mission statement, history, course listing, etc.)**

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I certify that the information contained in this document and the self-study is correct and up-to-date. I further certify that this school, when advertising or discussing CAADE Career Track Accreditation will include the following:

The \_\_\_\_\_ program of \_\_\_\_\_ has been accredited by the California Association for Alcohol/Drug Educators (CAADE) as meeting the standards and educational requirements for the basic Certified Addictions Treatment Counselor (CATC) credential. After obtaining this credential from CAADE individuals may legally work as certified counselors recognized by the California Department of Health Care Services. With further education counselors may obtain advanced level credentials offered by CAADE.

Printed name: \_\_\_\_\_ date \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(electronic signature acceptable)

**CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS  
ACCREDITATION COMMITTEE CAREER TRACK SELF STUDY CHECK LIST**

**ACCREDITATION COMMITTEE REVIEW**

Reviewed by	Reviewed by	Reviewed by
Accreditation Committee Chair:		
CAADE Executive Director		
Approved this date of:		
Provisional Approval Until:		
Disapproved:		

Based on the following deficiencies program accreditation is not approved at this time. You are requested to resubmit as soon as the below deficiencies are corrected.



California Association for Alcohol/Drug Educators

5230 Clark Ave. #3, Lakewood, CA 90712  
Phone: 707-722-2331 • Fax: 562-866-2540  
Email: [office@caade.org](mailto:office@caade.org)



*California Association for Alcohol/Drug Educators (CAADE)  
Addiction Counselor Certification Board of California*

### Institutional/Organizational Membership

CAADE offers a group Membership rate to Institutions and Organizations. This includes but is not limited to: Colleges, Universities, Treatment Centers, and Alcohol & Other Drugs Facilities.

Institutional Memberships include a Membership or Registration card for each individual and a *Certificate of Membership* for your Institution or Organization as well as a link on [caade.org](http://caade.org). Each individual to be included must complete a separate form (forms attached).

If you pay by credit card or PayPal online at [www.caade.org](http://www.caade.org), please include a copy of your receipt. If you choose to pay by check or money order (no cash), payable to CAADE, please include with this application and mail to:

**CAADE – 5230 Clark Ave. #3 – Lakewood, CA 90712**

\_\_\_ 1-5 Individuals \$300                      \_\_\_ 6-10 Individuals \$500

\_\_\_ 11-20 Individuals \$700                      \_\_\_ 21-30 Individuals \$900

Name of Institution or Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Full Name of each person receiving Membership or Registration (include additional pages if needed):

_____	_____
_____	_____
_____	_____
_____	_____

Note: Be sure each individual has included his/her membership or registration information (forms attached) and has signed the agreement to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice.





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**Each individual must complete a separate form**

Please check ONE statement that applies:

\_\_\_\_\_ It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter **§13035(f)** of the California Code of Regulations for Alcohol and Drug Counselor Certification.

**IMPORTANT NOTE:** *The Addiction Counselor Certification Regulations REQUIRE you to become certified within **FIVE [5] YEARS** from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit.*

\_\_\_\_\_ I am a CATC and need to renew my CAADE Membership.

CATC# \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_\_ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

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

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice. It is my understanding that I am to uphold all 11 principles in my work and in all contact with clients/patients, either employed or volunteering, and by signing this application, I agree to abide by these ethical standards. I understand that my Registration or Membership and Certification can be revoked if I violate any of these ethical standards.

\_\_\_\_\_  
Signature of Applicant

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



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CATC# \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_\_ It is my desire to become a CAADE member, but I do not plan on becoming certified as a CATC.

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

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