California Association for Alcohol/Drug Educators

Phone: 707) 722-2331 | 5230 Clark Ave., Suite #1 | Fax: 562) 275-3494
www.caade.org | Lakewood, CA 90712 | Email: office@caade.org

CATC I Renewal Application

Please include this completed application with the following:

☐ **Proof of Forty (40) hours of Continuing Education Units (CEUs)**

- 9 hours must be in Addiction Counseling Laws and Ethics

All CEUs must have a CAADE Provider Number; be contracted by a level of government (city, state, federal, county); or be from a State Accredited College or University. All CEUs must pertain to the field of Addiction and be dated within the last two years.

☐ **Code of Ethics** – Signed and Dated (Page 6)

☐ **Scope of Practice** – Signed and Dated

☐ **Code of Conduct** – Signed and Dated (Page 2)

☐ **Renewal Fee**

- The member rate for 2 years is **$240** (Certification: $75/year, Membership: $45/year). Should you choose to renew your certification as a non-member, the two year renewal cost is $500. If you pay by credit card or PayPal online, please include a copy of your receipt with your application. Checks and money orders should be made payable to "CAADE".
- If you are between 90 days and 1 year past due, include a $90 late fee. For renewals over 1 year late, include a $150 late fee.

☐ **Copy of Alcohol/Drug Studies Certificate** (*if renewing as a CATC I for the first time*)

- If you do not have a certificate, you may submit unofficial transcripts that *clearly* state you have completed a 36 unit CAADE accredited college program. No other documents will be accepted. The certificate must be from a regionally accredited CAADE college/university in order to qualify.

****IMPORTANT: Applications are not processed until ALL required documents have been submitted with the correct information and fees have been paid in full. If your application remains incomplete beyond 90 days from receipt, it will be voided and returned to you and will require resubmission****

ALL FIELDS ARE REQUIRED. PLEASE PRINT CLEARLY

Full Name: _____
First Middle Last

CATC #: _____ Last 4 of SSN: _____ _____ _____ _____ (For identification purposes only)

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Employer: _____

I verify that all of the above information and all submitted CEUs are valid.

_____ _____
Signature Date

Please Do Not Write Below This Line – Office Use Only

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Verification of Continued Education Units

Completion of this page is mandatory

One hour = one unit. Units must be in the form of CEU certificates. Emails, brochures & letters will not be accepted. If units meet the laws & ethics requirement, please check the corresponding box.

Name of Course:		Laws & Ethics ☐
CAADE Provider Number:	Dates(s) Taken:	Number of Units:
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Total Amount of Laws & Ethics CEUs:		
Total Amount of CEUs:		