

California Association for Alcohol/Drug Educators

Addiction Counselor Certification Board of California

5230 Clark Ave. #1, Lakewood, CA 90712

Phone: 707) 722-2331 • Fax: 562-275-3494 • Email: office@caade.org

Exam Eligibility Application

Testing Protocol:

- If you have earned your certificate of completion from a CAADE approved college program (or equivalent as deemed by the Certification Chair), you are eligible to take the CATC exam.
- If your registration is expired or due for renewal, include a registration renewal with this application. You will not be approved to test until your registration is current, or you submit the \$100 nonmember testing fee.
- The fee for the exam is **\$135** for CAADE registrants/members. The testing fee is payable directly to PSI once you are approved. CAADE MEMBERS SHOULD NOT SEND EXAM PAYMENT WITH THIS APPLICATION.
- **Non-members** pay the \$135 testing fee plus an additional \$100 non-refundable processing fee payable to CAADE with this application.
- Once you are approved to take the CATC exam, CAADE will email or phone with the contact information for PSI, the company that facilitates our testing. PSI will collect the testing fee and you will be able to choose a convenient date, time and testing location to take your exam. PSI has nearly 80 testing sites throughout California as well as national locations.
- All applicants must wait 30 days between test attempts in the event of a failing score. The \$135 fee will be charged for each individual test attempt and is paid directly to PSI.

CATC Exam Checklist:

- Copy of certificate from a CAADE approved ADS program
- Unofficial transcripts that clearly state you have been awarded the certificate.
- Completed *CATC Exam Eligibility Application* (page 2 of this form)

** If you do not have a certificate of completion from your ADS program, you may submit:

- Unofficial transcripts signed by the head of your school's ADS program. No other documentation will be accepted**

 \$100 Non-member Testing Fee

- If you paid by credit card or PayPal online at www.caade.org, please include a copy of your receipt. If you choose to pay by check or money order (no cash), please make your check for \$100 payable to "CAADE" and include this with your documents.

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Exam Eligibility Application

Please print clearly Approval notifications are sent via email/phone

Full Name: _____

Social Security #: _____ - _____ - _____ (Full # Required)

(Exam applications cannot be approved without a full SSN #. This will be your Exam ID # and is kept confidential)

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Birth Date (Month/Day/Year): _____ Gender: Female Male

Driver's License #: _____

CAADE Accredited Alcohol & Drug Studies Program Completed: _____

Approved for Exam through Equivalency Approval Date: _____ / _____
Month Year

Have you ever applied to CAADE under another name? No Yes

If yes, please provide name(s) used: _____

Will you require special accommodations for your exam? No Yes

If yes, please complete the Special Accommodations Request which can be found on the CAADE website.

Me gustaría tomar el examen en Español. **I - II - III - IV - V - N**

I verify that the above information and attached documents are true and valid.

_____/_____/_____
Signature Date

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY