

**California Association for Alcohol/Drug Educators**

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**Individual Registration**

**Individual Registration applies to those who did not complete their ADS education at a CAADE accredited school and are certifying with CAADE through the equivalency process as well as those who are not currently attending or have not attended a CAADE approved school but would like to legally complete clinical hours towards initial certification.**

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 officially register in California. You may request a two-year extension for hardship or extenuating circumstances.\**

Full Name: \_\_\_\_\_  
First Middle Last

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

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

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

Last 4 of SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_      DOB: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_  
(for identification purposes only)

Individual Registration is **\$45** and is valid for one year. If you pay by credit card or PayPal online, please include a copy of your receipt with this application. If not, please include a check or money order (no cash) with your application payable to "CAADE". A \$35 fee will be assessed for returned checks.

Have you ever held registration or certification that was suspended/revoked?  Yes  No

*Please submit the following:*

- Code of Ethics** – Initial, Signed and Dated
- Scope of Practice** – Signed and Dated
- Code of Conduct** – Signed and Dated
- Proof of payment**
- 9 Units of Law and Ethics (CEUs)**

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/membership and certification can be revoked if I violate any of these ethical standards.

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

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

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Please Do Not Write Below This Line – Office Use Only