

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.

All Registrants, Members, and CATCs are bound by our Code of Ethics, Code of Conduct, and Scope of Practice. These are available online at caade.org, or can be sent upon request to office@caade.org.

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

Please Do Not Write Below This Line – Office Use Only