

Phone: 707) 722 – 2331
www.caade.org

California Association for Alcohol/Drug Educators

5230 Clark Ave., Suite #1
Lakewood, CA 90712

Fax: 562) 275 - 3494
Email: office@caade.org

Initial CATC III Application

All fields are required. Please print clearly

Full Name: _____
 First Middle Last

Registration Number: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Date of Birth (Month/Day/Year): _____

Gender: Male Female Last 4 Digits of SSN: ____ / ____ / ____ / ____

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

If yes, what name? _____

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

If yes, please explain: _____

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 Certification can be revoked if I violate any of these ethical standards.

I have completed the coursework requirements and submitted a copy of the certificate of completion of Alcohol and Drug Studies certifying that I have met CAADE requirements to sit for the CATC examination, and having passed the examination, I am therefore eligible for Initial Certification.

Signature of Applicant

Date Signed

Please Do Not Write Below This Line – Office Use Only

Initial CATC III Certification Checklist

- Completed Initial CATC III Application Form (Page 1 of this document)
- Signed and Dated CAADE Code of Ethics
- Signed and Dated Scope of Practice
- Signed and Dated Uniform Code of Conduct
- Copy of CATC Examination Score Report
- A copy of your Bachelor's Degree
 - Degree must be from a regionally accredited college/university.
 - Degree must be in a counseling related field. (Psychology/Sociology/Human Services/Social Work, etc.)
- Summary of Hours form(s) totaling at least 2,240 hours of supervised clinical experience. This may include paid, or unpaid work experience providing counseling services in an AOD program dating back to the first day of registration with a certifying agency, or attendance at an Addiction Studies program.
- Three (3) letters of character reference from three different individuals
Reference letters;
 - Must be in formal letter format. Emails will not be accepted.
 - Must be signed with author contact information provided.
 - May not be written by a family member. All others will be excepted.
- Initial CATC III fee of **\$265** (\$175 for 2 years of initial certification plus \$90 for two years of membership). If your membership is current and does not expire within 6 months of your certification, you can opt to pay just the CATC certification fee of \$175 and renew your membership before it expires. You may also opt to pro-rate your certification and membership fees so that they expire on the same date. Please contact the CAADE Office for your pro-rated fee. The non-member fee for 2 years of initial CATC Certification is \$500.

If you pay by credit card or PayPal online at caade.org, please include a copy of your receipt. If you choose to pay by check or money order (no cash), payment can be made payable to "CAADE". Returned checks will be subject to a \$12.00 fee.

****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****