## California Association for Alcohol/Drug Educators

Phone: 707) 722 – 2331 www.caade.org

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

Fax: 562) 275 - 3494

Email: office@caade.org

## **Initial CATC N Application**

\*All fields are required. Please print clearly\*

Full Name:	Middle	Last
Registration Number:		<u> </u>
Address:		
City/State/Zip Code:		
Phone:	Email:	
Date of Birth (Month/Day/Year)		7
Gender: □ Male □ Female I	Last 4 Digits of SSN: / / / /	<u> </u>
Ha <mark>ve you</mark> ever applied to CAADE	E under another name? $\square$ No $\square$ Yes	
If yes, what name?		
Do you currently hold a certifica	ition that is suspended/revoked?	□ Yes
If yes, please explain:		
It is my understanding that I clients/patients, either emplo	e by the CAADE Code of Ethics/Code of Conduction am to uphold all 11 principles in my work and byed or volunteering and by signing this applicants. I understand that my Certification can be ls.	d in all contact with cation; I agree to
completion of Alcohol and Di	oork requirements and submitted a copy of the rug Studies certifying that I have met CAADE r nd having passed the examination, I am therefo	equirements to sit
Signature of Applicant		

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## **Initial CATC N Certification Checklist**

☐ Completed Initial CATC N Application Form (Page 1 of this document)
☐ Signed and Dated CAADE Code of Ethics (Page 6)
☐ Signed and Dated Scope of Practice
☐ Signed and Dated Uniform Code of Conduct (Page 2)
<ul> <li>A copy of your Nursing Degree</li> <li>Degree must be from a regionally accredited college/university.</li> </ul>
<ul> <li>Summary of Hours form(s) totaling at least 2,240 hours of supervised clinical experience.</li> <li>This may include volunteer or paid experience in the field dating back to the first day you began attending your CAADE Addiction Studies program.</li> <li>Any hours worked prior to starting your ADS program will not be accepted.</li> </ul>
□ Three (3) letters of character reference from three different individuals (NOT a family member or current employer. This also excludes clinical supervisors.)
□ Initial CATC N fee of <b>\$265</b> (\$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 \$35 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\*\*