

## California Association for Alcohol/Drug Educators

5230 Clark Ave., Suite 1, Lakewood, CA 90712  
Phone: 707-722-2331 • Email: office@caade.org  
Fax: 562-275-3494 • www.caade.org

### Institutional/Organizational Membership

CAADE offers a group Membership rate to Institutions and Organizations. This includes but is not limited to: Colleges, Universities, Treatment Centers, and Alcohol & Other Drugs Facilities.

Institutional Memberships include a membership or registration card for each individual and a *Certificate of Membership* for your Institution or Organization as well as a link on caade.org. Each individual to be included must complete a separate page of this application.

If you pay by credit card or PayPal online at caade.org, please include a copy of your receipt. Checks and money orders may be made payable to CAADE, please include with this application.

Institution/Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Full Name of each person receiving Membership or Registration (include additional pages if needed):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

*Please submit the following for each registrant/member:*

- Code of Ethics** – Initial, Signed and Dated
- Scope of Practice** – Signed and Dated
- Code of Conduct** – Signed and Dated

**IMPORTANT NOTE FOR REGISTRANTS:** The State of California’s Department of Health Care Services REQUIRES you to become certified within FIVE [5] YEARS from the first date you register with any approved certifying organization in California. You may request a two-year extension for hardship or extenuating circumstances. You may not be “registered” once you have passed the five-year limit unless you are granted an extension.

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**Each individual must complete a separate form**

**Please check ONE statement below that applies to you:**

\_\_\_\_\_ 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.

*\*Registration is open to individuals who **have** completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have **NOT** yet passed the CATC exam.*

**\*Please attach proof of education or enrollment in a CAADE accredited program.**

**\*If you are registering but are NOT in school, you must attach proof of completion of 9 hours of Laws and Ethics before your registration can be processed.**

Have you ever been registered with another certifying organization in California?  No  Yes  
Have you ever held certification that is suspended/revoked? \_\_\_ Yes \_\_\_ No

If Yes, name of organization: \_\_\_\_\_ Date registered: \_\_\_\_\_  
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

\_\_\_\_\_ I am a CATC and need to renew my CAADE Membership.  
CATC# \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\_\_\_\_\_ It is my desire to become a CAADE member, but I do **not** plan on becoming certified as a CATC

Full Name: \_\_\_\_\_

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

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

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

Last 4 of SSN: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(For Identification Purposes Only)* M M D D Y Y

CAADE College of Attendance: \_\_\_\_\_

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

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

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Date Signed

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