

Phone: 707) 722 – 2331
www.caade.org

California Association for Alcohol/Drug

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Lakewood, CA 90712

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Email: office@caade.org

Intern Registration Application/Renewal

The CATC-i is an individual who has passed the CATC exam and is completing clinical hours towards their 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 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 request an extension.

PLEASE PRINT CLEARLY

Full Name: _____
First Middle Last

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

CATC-i (registered intern) #: _____ DOB: _____/_____/_____

Original student registration date: _____

The CATC-i (Registered Intern) registration fee is **\$45** and is valid for one year. If you pay by credit card or PayPal online at caade.org, please include a copy of your receipt with this application. If not, please include a check or money order payable to CAADE (no cash) with your application.

All Registrants, Members, CATC-interns and CATCs are bound by our Code of Ethics, Code of Conduct, and Scope of Practice. These are available online at www.caade.org, or can be emailed or mailed upon request sent 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 or membership and/or certification can be revoked if I violate any of these ethical standards.

Signature

Date

Please Do Not Write Below This Line – Office Use Only