California Association for Alcohol/Drug

Phone: 707) 722 – 2331 | 5230 Clark Ave., Suite #1 | Fax: 562) 275 - 3494
www.caade.org | Lakewood, CA 90712 | 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: _____

☐ Copy of CATC Examination Score Report

Have you ever held registration or certification that is suspended/revoked? ___ Yes ___ No

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.

Please submit the following:

Code of Ethics – Initial, Signed and Dated
Code of Conduct – Signed and Dated
Proof of payment
Scope of Practice – Signed and Dated

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

Revised 9/7/17