

California Association for Alcohol/Drug Educators (CAADE)



5230 Clark Ave. #3, Lakewood, CA 90712
Phone: 707-722-2331 • Fax: 562-866-2540



CATC IV Renewal Application (MA/MS degree)

Note: The information provided will be used to determine qualification for certification renewal.

Please include this completed application with the following:

_____ **Proof of Forty (40) hours of Continuing Education Units (CEUs)**
[9 hours must be Laws and Ethics]. One hour = One unit. Copies of your certificates are sufficient proof. All Continuing Education Units must have a CAADE Provider Number; or, be contracted by a level of government (city, state, federal, county); or, be from a State Accredited College or University. All CEUs must pertain to the field of Addiction and be dated within the last two years. List CEU courses on page 2 of this application.

_____ **Code of Ethics** – Signed and Dated

_____ **Code of Conduct** – Signed and Dated

_____ **Scope of Practice** – Signed and Dated

_____ **Renewal Fee** – The member rate is **\$286**, which renews your CATC IV certification and CAADE Membership/Registration for 2 years. If you choose to renew your certification as a non-member, the 2 year Renewal cost is \$355. If you paid by credit card or PayPal online at www.caade.org, please include a copy of your receipt with your application. If you would like to pay by check or money order (no cash), payable to “CAADE,” please include payment with this application, copies of your CEU Certificates, your signed Code of Ethics/Code of Conduct/Scope of Practice and mail to:

CAADE – 5230 Clark Ave. #3 – Lakewood, CA 90712

Note: You can renew your certification up to 90 days past your date of expiration. If you are between 90 days and 1 year past due, please include a \$75 late fee. For renewals over 1 year late, please include a \$100 late fee.

Full Name: _____ CATC# _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Company: _____

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Verification of 40 CEU's (9 CEUs must be in Law and Ethics). Please list all CEU courses taken in the past 24 months. Include copies of each certificate.

Name of Workshop/Course	Provider – List CAADE CEU Number	Number of Hours	Date Taken

Last 4 of your Social Security#: _____ Total # of CEUs Submitted: _____

I verify that all of the above information and all submitted CEUs are valid.

Signature

Date