

# California Association for Alcohol/Drug Educators (CAADE)



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## APPLICATION FOR CERTIFIED ADDICTIONS TREATMENT EDUCATOR Instructor's Initial Certification

### READ ALL INSTRUCTIONS CAREFULLY

Completing and returning the forms in this packet and providing all requested documents is the second step of the application process for the Certified Addictions Treatment Educator (C.A.T.E.) credential. **All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete or serious delays in processing the credential.** The information requested will complete your requirements under the California Association for Alcohol & Drug Educators (CAADE) regulations for the CATE credential.

1. Complete application form. Omissions/errors will result in delay of processing your application.
2. Sign, date and return one CATC Code of Ethics and Scope of Practice.
3. Provide a current résumé and proof of current and past employment for a minimum of two semesters teaching in a CAADE approved ADS program
4. Provide proof of current CAADE membership.
5. Attach payment in the amount of \$175.00 payable to CAADE Certification for the application fee **(If you pay on Paypal, include Paypal receipt!)**

#### All Information Requested Must Be Typed Or Legibly Printed

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for denial of a certificate.)

<b>1. Name:</b> Last	First	Middle
<b>2. Address:</b>	City	State
<b>3. Birth Date:</b> Month Day Year	<b>4. Business Phone:</b> ( ) ( )	<b>Home Phone:</b> ( ) ( )
<b>5. California Drivers License No.:</b>	<b>6. Ethnicity:</b>	<b>7.</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>8. CAADE Accredited Alcohol &amp; Drug Studies College:</b>		
<b>9. Address:</b>	City/State/Zip	Telephone No.:
<b>Employment date:</b> From: To:		
<b>10. Have you ever applied to this Board of Certification under another name? If so, please list such name(s).</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Last Four Digits Social Security** \_\_\_\_\_

"Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA (c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposed of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you."

**I certify that this individual has submitted verifiable documentation of Alcohol and Drug Studies instruction for at least (2) semesters in a state accredited college, has met CAADE requirements, and is eligible for first year certification.**

**Signature of ADS Program Director** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_ **Date** \_\_\_\_\_