

California Association for Alcohol/Drug Educators (CAADE)



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



RENEWAL APPLICATION FOR CERTIFIED ADDICTIONS TREATMENT EDUCATOR (CATE)

READ ALL INSTRUCTIONS CAREFULLY

Please complete and return all forms and requested information to renew your Certified Addictions Treatment Educator (CATE) 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 renewal of your CATE credential.

1. Complete application form. Omissions/errors will result in delay of processing your application. The director of your program must also sign this application.
2. Sign, date and return one CATC Code of Ethics & Uniform Code of Conduct
3. Provide both verification of continued employment and 40 CEU's dated within the last 2 years, relevant to AOD.
4. Provide proof of current CAADE membership

This renewal is "free of charge". You will need to keep your membership current. Membership is \$78.00 per year.

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.)

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

Signature of ADS Program Director _____ **Telephone No.** _____ **Date** _____