



5230 Clark Ave. #3 • Lakewood, CA 90712  
phone: 707-722-2331 • fax: 562-866-2540  
web: [www.caade.org](http://www.caade.org) • email: [office@caade.org](mailto:office@caade.org)

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## California Association for Alcohol/Drug Educators (CAADE)

### Certified Clinical Supervisor (CCS) Renewal Form

\_\_\_\_\_ I am a CCS and need to renew my CAADE CCS.

CCS# \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

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, 6 units must be specific in Clinical Supervision].** 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.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_

Current Employer's website: \_\_\_\_\_

CCS Renewal is **\$140** for members, **\$280** for non-members, and is valid for two years. If you paid by credit card or PayPal online at [www.caade.org](http://www.caade.org), please include a copy of your receipt with this application. If not, please include a check or money order (no cash) with your application.

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**Verification of 6 CEU's (must be specific to clinical supervision). 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



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CONSENT TO RELEASE INFORMATION AND RECORDS OF CCS  
CERTIFIED CLINICAL SUPERVISOR APPLICANT TO:  
CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS

1. I consent and authorize CAADE to inspect and make inquiries relative to all documents and records that may be material to a thorough evaluation and background check relative to the certification process.
2. I consent and authorize CAADE to investigate my qualifications, character, ethical standards and practices, professional competence, experience, education and/or other information relative to the certification process, which may include but is not limited to confirming my membership status, professional affiliations, associations, registrations, licenses, credentials, certifications, or privileges that may have ever been or may be issued, amended/restricted, suspended, and/or revoked by any other agency, organization, institution, and/or any State and County AOD Program.
3. I consent and authorize CAADE to consult with any previous or present supervisor, manager, agency director, professional colleague, personal association, employer, law enforcement agency, institution, organization, agency, person, and/or any State and County AOD Program with which I have been associated or who may have knowledge pertinent to my character, personal background and history, moral and ethical standards and practices, professional competence, discipline, experience, education, qualifications, and/or other information relative to the certification process.
4. I hereby release from liability all representatives of CAADE for acts performed in good faith, due diligence, and without malice concerning the review and evaluation of my application and credentials.
5. I hereby release from liability all persons, agencies, institutions, and organizations who provide confidential and/or privileged information/records to CAADE in good faith and without malice by responding to the requests necessary to conduct the evaluation process.
6. I declare that I have presented and disclosed all information concerning my qualifications, skills, education, applicable experience (employment, volunteer work, field service training and supervision), certificates, credentials, certifications, licenses, program accreditation, personal and professional history (whether favorable or not) with regard to and relative to the CCS-Certified Clinical Supervisor certification process.
7. I further understand that any misrepresentations, acts of deceit, deliberate acts of omission concerning significant information, legal and ethical violations relevant to practice standards and my qualifications, competence, and certification now or in the future with result in a disciplinary action by the CAADE CCS Certification Committee which may include but is not limited to the denial, amendment/restriction, suspension, revocation of certification, reporting such to other certifying agencies, and/or legal action.

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Applicant Signature

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Print Applicant Name

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Date