California Association for Alcohol/Drug Educators 5230 Clark Ave., Ste. 1 Lakewood, CA 90703

707-722-2331

application.

office@caade.org

Extension Request Application

This form is to be completed when a registrant will not be able to complete the certification process within their five year registration period. Per the Department of Health Care Services Counselor Certification Regulations Section 13035, item (f), "Registrants shall complete certification as an AOD counselor within five (5) years of the initial date of registration with any certifying organization" and CAADE "may allow up to two (2) years additional time from the initial registration date for a leave of absence due to medical problems or other hardships...".

PLEASE PRINT CLEARLY

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ddress:		
ity/State/Zip Code:		
hone:	Email:ase print clearly* Approval notifications are sent via email/phone	
Plea	ase print clearly Approval notifications are sent via email/phone	
OOB:/	Last 4 of SSN: (For Identification Purposes Only)	
nitial Registration Organiz	ration:	
egistration Number:		\rightarrow
nitial Registration Date:		
DS Program:		
<u> IMPORTANT - Please I</u>	Read Carefully*	
	\$20 for CAADE Members and \$100 for non-members who have	
card at caade.org.	h CAADE . You may submit this payment by check, money order, or by o	Jedit/Credit
	ol transcripts showing enrollment/completion of AOD classes must be inc	1 1 1 14 3

- The extension fee is non-refundable whether the request is approved or denied.
- Extensions are not processed until all required documents have been submitted with the correct information and fees have been paid in full.
- Extensions are granted in 6 month increments at the discretion of CAADE.

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Extensions are granted based on the following criteria:

- 1. The applicant has begun their AOD specific education at a CAADE accredited/approved school within their initial five year registration period.
- 2. The applicant is within their fifth year of registration.
- 3. The applicant has not been able to complete the certification process due to some type of personal hardship.
- 4. The applicant would be able to complete the certification requirements within the time allotted if granted an extension.
- 5. The applicant must have a current registration. If the registration is expired or will be within the next 90 days, it must be renewed at this time by submitting the proper registration form and fee.

Type of Personal Hardship:
☐ Medical ☐ Financial ☐ Familial ☐ Professional ☐ Academic
□ Other:
Please provide a detailed description of the following:
 Personal Hardship(s) Plan of Action for completing the certification process within the extension period
One page minimum required. Attach additional pages if needed:

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I attest under penalty of suspension or re	vocation, that the above information is true and correct. I understand	d that
	hould I not meet the criteria set by the State of California's Depa	
of Health Care Services or on this app	lication and that extensions are granted at CAADE's discretion.	I
understand that the extension fee is non-	refundable. I also understand that I cannot legally provide counseling	5
services at a state licensed treatment fac-	lity should I exceed the seven (7) year maximum for registration per	the
Department of Health Care Services Con	inselor Certification Code of Regulations Section 13035, item (f)	
Applicant Signature	Date	