

California Association for Alcohol/Drug Educators

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CAADE Student Registration

Student Registration is open to individuals who have completed, or are enrolled in, a CAADE accredited Alcohol/Drug Studies Program and have NOT yet passed the CATC exam.

Full Name: _____
First Middle Last

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Last 4 of SSN: ____ / ____ / ____ / ____ DOB: ____ / ____ / ____
(For Identification Purposes Only) M M D D Y Y

CAADE College of Attendance: _____

It is my intention to be registered for the purpose of becoming certified with CAADE as a Certified Addictions Treatment Counselor (CATC) in compliance with Title 9, Division 4, Chapter §13035(f) of the California Code of Regulations for Alcohol and Drug Counselor Certification.

IMPORTANT NOTE: The Addiction Counselor Certification Regulations REQUIRE you to become certified within FIVE [5] YEARS from the first date you officially register in California. You may request a two-year extension for hardship or extenuating circumstances.

Have you ever been registered with another certifying organization in California? No Yes

If Yes, name of organization: _____ Date registered: _____
(CAADAC, Breining, CAARR, CADTP, AAHCP, CCAPP)

Student Registration is **\$25**, and is valid for one year. If you pay by credit card or PayPal, please include a copy of your receipt with this application. If not, please include a check or money order (no cash) with your application. If this is your first time registering with CAADE, please include a copy of your informal transcripts with your application and payment.

All Registrants, Members, and CATCs are bound by our Code of Ethics, Code of Conduct, and Scope of Practice. These are available online at www.caade.org, or can be emailed or mailed upon request sent to office@caade.org.

I have read and agree to abide by the CAADE Code of Ethics/Code of Conduct/Scope of Practice. It is my understanding that I am to uphold all 11 principles in my work and in all contact with clients/patients, either employed or volunteering, and by signing this application I agree to abide by these ethical standards. I understand that my Registration OR Membership and Certification can be revoked if I violate any of these ethical standards.

Signature of Applicant

Date Signed

Please Do Not Write Below This Line – Office Use Only