



Dear Counselor,

**CERTIFICATION RENEWAL NOTICE –  
PLEASE READ EVERYTHING AS CHANGES HAVE BEEN MADE**

According to the regulations adopted by the California Department of Health Care Services (formerly the Department of Alcohol & Drug Programs) on April 1, 2005, counselor certifications must be renewed every two years. **Your CADTP counselor certification is due to expire on «ExpDate» and must be renewed no later than that date to remain active.**

The state's regulations also require that you provide proof of continuing education hours, as specified, in order to renew. Enclosed is a copy of that part of the regulations for your reference. Continuing education that does not fall within the scope of Section 13055 (c) or (d) is unacceptable.

A certificate or document indicating the date(s) of attendance, the subject matter (in sufficient detail to determine compliance with the regulations), the hours of attendance, the location, signed and dated by the instructor or designated representative will be necessary for each course or subject you are submitting proof for *as required in Section 13035 of the state regulations referred to above.*

Please use the renewal checklist form and forward proof of your required forty (40) continuing education hours (please send copies and keep the originals for your records)/please note new requirement of **3 hours of Ethics & Confidentiality - CEUs MUST INCLUDE BOTH TOPICS, but may be included in one 3 hour training**], plus a check, money order or Visa/MasterCard payment for \$125 for CAODC; \$150 for COADC-A; \$175 for CAODC-CS, payable to "CADTP" & mailed with your application to the address below as soon as possible and no later than 30 days before the expiration date.

IN ORDER FOR YOUR CERTIFICATION TO BE RENEWED IN A TIMELY MANNER, THE RENEWAL INFORMATION MUST BE RECEIVED AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE. When you have satisfactorily renewed, you will be issued a new certificate as a Certified Alcohol and Other Drug Counselor (CAODC) for a new two year period.

*enclosures*

*NOTE: CADTP Certification is accredited by the Institute for Credentialing Excellence (ICE)*



### Certification Renewal Form

This completed form, the documentation required for the level of certification renewal you are applying for and a check, money order or Visa/MasterCard in the amount of \$125 for CAODC; \$150 for CAODC-A; \$175 for CAODC-CS. Please allow up to 30 days for the renewal to be processed. Clinical Supervisors, please remember to include 6 hours of Clinical Supervision CEU's.

Please include the following in your renewal application:

- Signed Uniform Code of Conduct; CADTP Code of Ethics**
- 40 Hours Minimum of AOD Continuing Education (CAODC-CS add 6 hours of clinical supervision courses)**  
(Dated within 2 years of your expiration/application)
  - Includes 3 hours of Ethics and Confidentiality (may be combined in one training)**
- Payment of \$125 for CAODC; \$150 for CAODC-A; \$175 for CAODC-CS**
- Renewal Form Completed**

**Please print clearly:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell \_\_\_\_\_ Driver License # \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

Email \_\_\_\_\_

Employer (if any) \_\_\_\_\_

By signing below, I am confirming that I have not been suspended or revoked by any other certifying organization. Further, I understand that I am obligated to report any suspension or revocation by another certifying organization to CADTP. I also acknowledge having received a copy of the current Department of Health Care Services (DHCS) (formerly, ADP - Department of Alcohol & Drug Programs) Uniform Code of Conduct and the CADTP Code of Ethics and agree to adhere to both.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFORMATION (Master Card or Visa Only)

*The information below to be shredded after your card has been charged; we do not keep your credit card information on file.*

**Please type or print legibly:**  
Full Name (as it appears on the card): \_\_\_\_\_

**Full Billing Address:** \_\_\_\_\_  
Street number and name, City, State and Zip Code are required

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID Number\*: \_\_\_\_\_ Total Amount to be charged: \$ \_\_\_\_\_  
\*Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature

Authorized Signature: \_\_\_\_\_

Daytime Phone Number (in case there is a question): \_\_\_\_\_