



## Application for CADTP Registration

### **Required Registration**

Regulations adopted by the California Department of Health Care Services. (DHCS), as effective April 1, 2005, require individuals who are not licensed professionals or who have not been previously certified as specified in the regulations to register with one of the designated certifying organizations listed in the regulations within six months of initial employment as a counselor in any program certified or licensed by DHCS

CADTP requires registrants to attend a 9 hour orientation class **prior** to registration, consisting of 3 hours of AOD Ethics, 3 hours of AOD Confidentiality and 3 hours of AOD Professional Boundaries. This can be done in a single combined class on the three subjects. Please submit official proof of attendance with this application.

Please note that the regulations allow employers to determine which of the certifying organization certifications they will accept. Potential registrants are advised to check with their employer, if any, before registering with CADTP.

**Registration is not equivalent to and is not an alternative to certification. Once you are registered you must complete the requirements for certification within five years.**

### **To Become Certified**

CADTP'S Certified Alcohol and Other Drug Counselor (CAODC) credentials are designed to ensure a satisfactory level of competence for counselors working in AOD treatment programs. CADTP has developed three levels of certification, i.e. the Certified Alcohol and Other Drug Counselor [CAODC], the Certified Alcohol and Other Drug Counselor - Advanced [CAODC-A]; and the Certified Alcohol and Other Drug Counselor – Clinical Supervisor [CAODC-CS] certifications, which have been developed to assess the knowledge and skills directly related to providing alcohol and other drug counseling services, as well as providing clinical supervision. These three levels of certification demonstrate that certificants have the skills and experience needed to serve their clients and provides competency assurance to employers and the public. Individuals holding one of the three levels of credentials provide counseling services primarily in state-licensed driving-under-the-influence (DUI) treatment programs, but are eligible to be employed in other types of programs certified or licensed by the California Department of Health Care Services.

### **Certification requirements/application**

Details of certification procedures, education, experience and testing requirements as well as application forms can be found on the CADTP.ORG website.

**Please submit the following, leaving nothing out and no blanks to become registered. Allow 3-4 weeks for processing. Incomplete applications will be returned and must be resubmitted.**



## Applicant Information and Checklist

This completed form, the documentation required for registration and a check, money order or the completed credit card information below in the amount of seventy five dollars (\$75) should be mailed to the address below. You must allow up to two weeks for the application to be processed. Your application will be cross referenced with other certifying organizations. If you are/were previously registered elsewhere please indicate so below. Please note no person can be registered for more than 5 years from their initial registration date.

Please include the following in your registration application:

- Payment of \$75**
- Official Certificate – 9 Hour Orientation Course**
- 2” x 2” passport style photograph of applicant**
- Copy of official ID (Driver’s license)**
- Signed Code of Ethics (Separate sheet)**
- I was/am registered with\* \_\_\_\_\_ On \_\_\_\_\_**

**Please type or print legibly:**

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer (If Any): \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street number and name, City, State and Zip Code are required

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. I have enclosed a signed copy with this application.

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

\*Will be verified

### 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: \_\_\_\_\_