



# California Association of DUI Treatment Programs

## *Candidate Application for the Certified Alcohol and Other Drug Counselor (CAODC) Examination and Certification*

Effective January 1, 2018

***DO NOT FAX OR EMAIL THIS APPLICATION!***

### **Please Note:**

*The Certified Alcohol & Other Drug Counselor (CAODC) credential is accredited by the National Commission for Certifying Agencies and is recognized by the State of California, Department of Health Care Services, Substance Use Disorder Compliance Division. Those holding this credential are authorized to work in any substance use disorder (SUD) treatment modality. The Board for the Certified Alcohol & Other Drug Counselor is an autonomous credentialing body for the California Association of DUI Treatment Programs (CADTP).*



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## Applicant Instructions

READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

**All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete and will delay your progress.** The information provided shall be used to determine qualification for examination and certification under the regulatory requirements of Section 13025 of Title 9, Chapter 8 of the California Code of Regulations.

Application processing times may vary based on ease of verifying your information with outside agencies. Normal processing time is approximately two to three weeks. Only those whose applications have been approved will be considered eligible for the examination. Upon approval, you will receive an email with instructions on scheduling your exam. This communication can only take place by email, all applicants are required to have an email address. You will need internet access to schedule your exam. You will be able to select a location nearest you to take the exam. While CADTP contracts with the CCAPP for administration of the exam, **DO NOT** contact CCAPP regarding your application or your exam.

Submit a payment of \$350.00 with this application. \$175 is for the **non-refundable** exam fee and \$175 is for the **non-refundable** certification fee. You may pay by check, money order, cashier's check, Visa or MasterCard. A credit card payment form is included with this application.

If your application has been approved, all fees paid, and you have passed the exam you will be automatically sent your certificate. Please note, it may take 30-90 days for the exam to be officially scored, even if you received an initial result. There is a 90-day waiting period if you do not pass your exam and need to retake it. The retake fee is \$175.

An exam retake application is at the end of this document. Please save that page for future use if needed.

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA (c)(2)(C) authorizes collection of your social security number. Your social security number will be used exclusively for verification of examination eligibility. Submission does not give CADTP or any others permission to use or disclose your social security number for any other purpose.

## Exam Requirements

Effective 1/1/17

To be eligible for the exam you must meet all requirements.

1. Exam candidates must have registered for certification with CADTP (CAODC-R) prior to applying for the exam and certification. Registrants must be in good standing with no pending disciplinary actions. If you need to register, the information and forms are available at [www.cadtp.org](http://www.cadtp.org);
2. Proof of high school diploma or GED (will be verified through the Department of Education);
3. An official transcript from an accredited state university, community college or post-secondary institution, which documents successful completion of at least 315 formal classroom hours of alcohol and/or drug related education (see [Academic Content Areas](#)). **Official means sealed originals. No unsealed transcripts, copies, faxes or email from applicant will be accepted.** Emails directly from a college official may be accepted.
4. One photo--2" X 2", passport style head and shoulder view, to be signed and dated on the back and stapled to this application.



## Important Information Regarding the Exam

CADTP has contracted with CCAPP to allow CAODC candidates to take the IC&RC exam. CCAPP is the authorized board in California for the IC&RC. Never contact CCAPP regarding your exam through CADTP. If you have questions, contact the CADTP office only.

In December 2011, IC&RC began using pretest items on its exams. Pretesting allows IC&RC to streamline its exam development process, provide much needed data on questions and increase the security of its exams. On each IC&RC exam there are 25 "unweighted" items that do not count toward candidates' final scores. Un-weighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. All exams are 150 questions in length, including the Advanced Alcohol and Drug Counselor (AADC), which was previously 175 questions.

For further information regarding pretest items please visit IC&RC's website at the following link: <http://www.internationalcredentialing.org/news?mide=PostView&bmi=690907>.

### SPECIAL ACCOMMODATIONS

If you are requesting special exam accommodations due to a disability, you must submit proper documentation to our office. If you are asking for large print exams, please note that it is considered to be a special accommodation request. Large print examination is alterable by the candidate at the testing location, and does not need a special accommodation request.

## Certification Requirements

Effective 1/1/17

This section of the application and stated requirements are for the CADTP Certified Alcohol & Other Drug Counselor (CAODC) credentials only. CADTP applicants may apply for IC&RC credentials with additional requirements and fees. CADTP is not a board for IC&RC and offers the international credentials through a contract with the California Consortium of Addiction Programs and Professions (CCAPP). CCAPP is the only approved board for the IC&RC international credentials in California. Any currently certified CAODC counselor may apply for IC&RC credentials and are required to meet the IC&RC requirements and take the exam, even if you took a previous exam with CADTP. Additional fees will be required.

CADTP has a four-tier career ladder. This ladder begins with registration (Separate application). The certification tiers are below. Please choose the correct level based on the requirements listed.

### Certified Alcohol & Other Drug Counselor (CAODC)

**Applicants for the Certified Alcohol and Other Drug Counselor - (CAODC) certification must include the following documentation with this application:**

- Exam Application
- An official transcript (original or certified copy) from an accredited post-secondary institution, which documents successful completion of at least 315 of formal classroom hours of alcohol and/or drug related education.
- Documentation of one hundred and sixty (160) hours of supervised training as a substance abuse counselor;
- Documentation of completion of two thousand and eighty (2,080) hours of paid or unpaid experience as a substance abuse counselor;
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Alcohol and Other Drug Counselors](#).



### **Certified Alcohol & Other Drug Counselor – Advanced**

**Applicants for the Certified Alcohol and Other Drug Counselor - Advanced (CAODC-A) certification must include the following documentation with this application:**

- Documentation of passing the required exam must be submitted If the applicant has not achieved the CAODC credential;
- Documentation of completion of 380 hours of formal classroom education related to alcohol and other abuse (see [Academic Content Areas](#));
- Documentation of five (5) years or ten thousand (10,000) hours of actual work experience in providing alcohol and drug counseling services;
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Alcohol and Other Drug Counselors](#).

### **Certified Alcohol & Other Drug Counselor –Clinical Supervisor (CAODC-CS):**

**Applicants for the Certified Alcohol and Other Drug Counselor – Clinical Supervisor (CAODC-CS) certification must include the following documentation with this application:**

- Completion of a minimum of 450 hours of formal classroom education related to alcohol and other abuse (see [Academic Content Areas](#) & [Didactic Requirements for CAODC-CS](#));
- Documentation of five (5) years or ten thousand (10,000) hours general clinical experience, 4160 hours as a supervisor [which may be concurrently obtained within the required five (5) year, or ten thousand (10,000) general clinical experience);
- Documentation of forty (40) hours of clinical supervisor education courses;
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Alcohol and Other Drug Counselors](#).

By signing and submitting this application for the Certified Alcohol and Other Drug Counselor (CAODC) Examination and Certification, I understand CADTP's policy and procedures and IC&RC/SMT examination security and item banking procedures do not permit me to have access to examination questions, answer keys, or other secure materials related to the examination. I agree to keep all information regarding the IC&RC test confidential and will not attempt to duplicate, copy, or distribute any materials relating to the test. I affirm that I am responsible to follow all testing protocols published in the CADTP candidate handbook of instructions.



## Academic Content Areas for CAODC

(for exam applicants starting 1/1/17)

Minimum hours for each area are 45 (which is equal to 3 semester units.) Education must be obtained from an approved school. For listings of approved schools and details of each content area see the candidate handbook available on our website at [www.cadtp.org/certification-overview](http://www.cadtp.org/certification-overview). You must submit official ***sealed*** transcripts with your application to verify successful completion. In some cases, you may have the school email CADTP directly with your transcripts from an official email address.

- Introduction & Overview
- Physiology and Pharmacology of Alcohol and Other Drugs
- Law and Ethics
- Case Management: Assessment, Orientation, Treatment Planning and Relapse Prevention/Aftercare Planning
- Individual, Group and Family Counseling
- Personal and Professional Growth
- Supervised Practicum
- Supervised Field Work Practicum (Internship)

### Education Verification (Office Use Only)

**Topic:**

**Number of Hours:**

Introduction & Overview

Physiology and Pharmacology of Alcohol and Other Drugs

Law and Ethics

Case Management: Assessment, Orientation, Treatment Planning and Relapse Prevention/Aftercare Planning

Individual, Group and Family Counseling

Personal and Professional Growth

Supervised Practicum

Supervised Field Work Practicum (Internship)

Other: AOD/Human Services/Psychology/Sociology (Towards Advanced Credentials)

Total Hours Earned



## Didactic Requirements for CAODC-Clinical Supervisor

### **Assessment & Evaluation**

Assess supervisee temperament, leadership style, interpersonal strength/ weakness, and reactions to stress within the work setting by use of interviews, observations, and assessment instruments in order to promote supervisee growth.

Assess the supervisee's experience with and/or knowledge of the field of alcohol and other drug abuse, social and behavioral science, and 12 step philosophy and tradition, by interview, questioning, exploration, and/or discussion in order to determine the supervisee's strengths and weaknesses.

Analyze supervisee performance of tasks related to the 12 core functions in order to identify levels of performance by interview, direct observation, review of case records, and use of evaluation tools.

In order to become familiar with the supervisee's levels of clinical functioning, explore his/her ability to utilize various therapeutic approaches by direct, ongoing observation.

Evaluate the supervisee's strengths and weaknesses by interviews, observations and feedback solicited from other sources in order to make appropriate work assignments and to formulate a plan for the supervisee's ongoing development.

### **Counselor Development**

Build with the supervisee a development framework for a supervisory relationship through the use of assessment activities, case presentation, demonstration, and dialogue, for the purpose of facilitating supervisee development.

Promote a career development process with the supervisee through the use of mutual planning, assessment activities, and motivational techniques; in order to stimulate a desire for continuing personal and professional growth.

Work with the clinical staff to facilitate clinical teamwork behaviors by using observational tools, for the purpose of improving and maintaining clinical staff resource utilization and effectiveness.

With supervisee participation, develop and implement a clinical training and educational program based on an assessment of the supervisee's learning needs in order to operationalize clinical training and educational practices for the purpose of strengthening the supervisee's clinical competence.

Provide direct clinical supervision to supervisees, using a variety of supervisory methods; in order to build supervisees clinical skills.

### **Management & Administration**

Monitor compliance with federal and state regulations, implementing existing Quality Improvement mechanisms, in order to protect supervisee's and client's rights.

Evaluate and monitor agency policies and procedures using accreditation standards to ensure compliance.

Plan and coordinate the activities of supervisees to promote effective management in order to maintain clinically effective programming, through the review of daily schedule, consultation, knowledge of on-site and community resources, etc.

Meet with new staff to orient them to all program components and professional expectations in order to enable new staff to adhere to the program's performance standards.



Identify and assess program needs utilizing available mechanisms in order to formulate a plan for enhancing clinical services and program development.

Coordinate consultation services with supervisee utilizing additional resources for the purpose of providing continuity of quality care for clients.

Recommend; in accordance with agency policy and procedures, the employment and termination of clinical staff by participation in review, selection, and evaluation processes in order to retain quality clinical staff.

Assist in developing quality improvement guidelines, implementing those procedures and standards with staff involvement in a continuing quality improvements plan, in order to monitor and upgrade clinical performance.

### **Professional Responsibility**

Participate actively in professional organizations to model and encourage professional involvement by the supervisee. Promote; maintain safeguard the best interest of the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct.

Pursue personal and professional development by participating in related professional educational activities in order to improve supervisory competence.

Strive to maintain or improve personal, physical, and mental health by participating in activities, which promote professional effectiveness.

Recognize the uniqueness of the individual supervisee by gaining knowledge about personality, culture, lifestyle, personal feelings and other factors in order to influence the supervisee in the process of his/her development.

Subscribe to federal, state, local and agency rules/regulations and other legal and liability guidelines regarding alcohol and other drug abuse treatment by following appropriate procedures in order to protect supervisee rights.





## STANDARD UNIFORM CALIFORNIA AOD COUNSELOR CODE OF CONDUCT

Adopted May 2012

The current California Regulations<sup>1</sup> governing registrants and certified alcohol and other drug (AOD) counselors require each certifying organization (CO) to develop a code of conduct which establishes “minimum” standards<sup>2</sup> that are designed to safeguard the rights of clients in AOD programs and facilities. CO’s may impose more stringent standards<sup>3</sup> that do not conflict with the standards contained within this Uniform Code of Conduct.

### Principle 1:

Registrants and Certified AOD Counselors shall conduct themselves in an honest, forthright and professional manner. Registrants and Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a registrant or counselor including but not limited to the following:

- a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;
- b. Misrepresenting the type or status of registration or certification held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity;
- c. Refusal or failure to provide proper identifying registration, credential, certification or license where appropriate or required (e.g., when offering or providing AOD counseling services, on business cards, on informational or marketing materials, etc.);
- d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner, as set forth in Business and Professions Code sections 17200, et seq.

Counselor Initials \_\_\_\_\_

<sup>1</sup> California Code of Regulations (CCR) Title 9, Division 4, Chapter 8, Sections 13000, et seq., as enacted April 1, 2005.

<sup>2</sup> CCR Title 9, Div. 4, Chap. 8, Section 13060.

<sup>3</sup> CCR Title 9, Div. 4, Chap. 8, Section 13060(f).



### Principle 2:

Registrants and Certified AOD counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

- a. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- b. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- c. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;
- d. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above;
- e. Unlawfully administering to himself or herself any controlled substance as defined in Section 4021 of the California Business and Professions Code (B&P), or using any of the dangerous drugs or devices specified in Section 4022 of the B&P, or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public.

### Principle 3:

Registrants and Certified AOD counselors shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Registrants and Certified AOD counselors are prohibited from:

- a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations;
- b. Failing to maintain records consistent with the nature of the services being rendered;
- c. Refusing or denying patient/client access to charts and records as required by law;
- d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD registrants, certified or licensed AOD counselor.

Counselor Initials \_\_\_\_\_



## CADTP CODE OF ETHICS FOR CERTIFIED ALCOHOL & OTHER DRUG COUNSELOR

Adopted: September 1, 2009 Revised: November 13, 2017

This Code of Ethics shall prohibit all CADTP registrants and certified alcohol and other drug (AOD) counselors from violating any of the standards contained in the Uniform California Counselor Code of Conduct (May 2012), as well as the following Code of Ethics established by CADTP (May 1, 2012)

1. I shall comply with the Standard Uniform California AOD Counselor Code of Conduct and CADTP's Code of Ethics and any additional standards or code of ethics which have been duly adopted by any agency I am employed by, as long as such additional standards do not supersede or conflict with the Standard Uniform California AOD Counselor Code of Conduct and CADTP's Code of Ethics.
2. I understand this Code of Ethics shall prohibit me from securing a certification or registration by fraud, deceit, or misrepresentation on any application submitted by me to a certifying organization for certification or registration whether engaged in by an applicant for certification or registration or in support of any application for certification or registration.
3. I am prohibited from providing counseling services, attending any program services or activities, or being present on program premises while under the influence of any amount of alcohol or illicit drugs. As used in this subsection, "illicit drugs" means any substance defined as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except:
  - A. Drugs or medications prescribed by a physician or other person authorized to prescribe drugs in accordance with Section 4036, Chapter 9, Division 2, Business and Professions Code, and used in the dosage and frequency prescribed; or
  - B. Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.
4. Gross negligence or incompetence in the performance of alcohol and other drug counseling.
5. I am prohibited from discriminating against program participants, patients, residents, or other staff members based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

Counselor Initials \_\_\_\_\_



6. I shall make no misrepresentation as to the type or status of certification or registration held by me, or otherwise misrepresenting or permitting misrepresentation of my education, professional qualifications, or professional affiliations to any person or entity, and failure to state appropriate certification or licensure initials, numbers and/or level of registration or certification on business cards, brochures, websites, etc.
7. I acknowledge that I am prohibited from any impersonation of another counselor, registrant, or applicant for a certification or registration, or, in the case of a counselor, allowing any other person to use my certification or registration.
8. I will not aid or abet any uncertified or unregistered person to engage in conduct for which certification or registration is required.
9. I acknowledge that this Code of Ethics prohibits me from providing services beyond the scope of my registration or certification as an AOD counselor or my professional license, if the individual is a licensed counselor as defined in §13015 of the regulations. the individual is a licensed counselor as defined in §13015 of the regulations.
10. I shall not intentionally or recklessly cause physical or emotional harm to any client.
11. I will not initiate or perpetrate the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a counselor or registrant.
12. I shall not engage in any form of sexual relationship with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of an alcohol and other drug counselor.
13. I shall not engage in a social or business relationship with clients, program participants, patients, or residents or other persons significant to them while they are in treatment and exploiting former clients, program participants, patients, or residents, and will refrain from engaging in any such relationship for a period of two years after their treatment or services have been concluded.
14. I shall not verbally, physically, or sexually harass, threaten, or abuse any program participant, patient, resident, their family members, other persons who are significant to them, or other staff members.

**Counselor Initials** \_\_\_\_\_



15. I shall protect any program participant's, any patient's, or any resident's right to confidentiality, and I shall not fail to maintain confidentiality, except as otherwise required or permitted by law, including but not limited to the Code of Federal Regulations, Title 42, Part 2, as well as any applicable "Notice of Privacy" regulatory requirements required by the Health Insurance Portability & Accountability Act of 1996 [HIPAA].
16. I will not participate or engage in any form of advertising that in reasonable probability,  
(i) will cause an ordinarily prudent person to misunderstand or be deceived; (ii) makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence; or (iii) make a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.
17. I will maintain and protect client and other confidential records consistent with sound professional judgment and within the standards of the AOD profession and the nature of services being rendered.
18. I will not willfully deny access to client records as otherwise provided by law.
19. I shall cooperate with complaint investigations and will respond to requests for information during complaint investigations as long as disclosure of such information does not violate the confidentiality requirements of Title 42 of the Code of Federal Regulations.
20. I understand that any act of gross negligence or incompetence in the performance of alcohol and other drug counseling on my part will result in appropriate sanctions [suspension or revocation] against my registration or certification.
21. I shall not attempt to provide counseling or education services, attend any other type of program activity or service, or be present on program premises while under the influence of any mood-altering substance.
22. I shall be responsible for completing the continuing education requirements for alcohol and other drug counselors prescribed in Title 9 of the California Code of Regulations and approved by CADTP and for providing proof of same as requested.

Counselor Initials \_\_\_\_\_



This Code of Conduct/ Code of Ethics may be amended or revised as needed. I understand and agree that it is my responsibility to inform CADTP, in writing, of any changes to my mailing address. CADTP will notify any registrants or certified counselors, in writing, via email and via CADTP's website within 60 days of any changes to the Code of Conduct/Code of Ethics.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMPORTANT NOTE:** After you sign and date this document, please send the original to CADTP. Keep a copy for your records and have your employer, if any, place a copy in your personnel file.

\*\*\*\*\*

**ATTACH  
PHOTO  
HERE**



I am applying for (new applicants check exam and the level of certification you're applying for; those applying to advance your credential to Advanced or Clinical Supervisor check CAODC-A and/or CAODC-CS):

<input type="checkbox"/> EXAM	<input type="checkbox"/> CAODC	<input type="checkbox"/> CAODC-A	<input type="checkbox"/> CAODC-CS
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Use the checklist on page 2 to ensure you are submitting all required documents for the level of certification you are applying for.

## Candidate Profile

All Information is Required and Must Be Typed or Legibly Printed

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for permanent denial of certification)

<b>1. Name: Last</b>		<b>First</b>		<b>Middle</b>	
<b>2. Full Street Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>3. Birth Date: Month/Day/Year</b>		<b>4. Home Phone:</b>		<b>Cell Phone:</b>	
<b>5. California Driver's License or ID #:</b>		<b>6. Social Security Number (Required):</b>		<b>7. Email Address (Required)</b>	
<b>Name of High School of Graduation or GED:</b>		<b>High School Address:</b>			<b>Year of Graduation or GED:</b>
<b>8. Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary. Write/type none if not currently employed</b>					
<b>9. Address:</b>		<b>City/State/Zip</b>		<b>Telephone No.:</b>	
				<b>Date(s):</b> <b>From:</b> _____ Month/Year <b>To:</b> _____ Month/Year	
<b>10. Have you ever applied for certification even if under another name? If so, please list such name(s).</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>11. If yes, have you ever been denied, suspended or revoked? If so, please list details.</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
By signing below, I am confirming all information is correct and that I have never 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 agree to adhere to the California State Department of Health Care Services (DHCS) Uniform Code of Conduct and the CADTP Code of Ethics. I understand that fees associated with this application are non-refundable.					
<b>Signature of Applicant:</b>				<b>Date:</b>	

**ATTACH  
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**EXAM APPLICATION**

**Instructions to Applicants for Examination for Certified Alcohol and Other Drug Counselor (CAODCTM)**

**READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY**

The exam, also known as the IC&RC exam, is administrated for CADTP by the California Consortium of Addiction Program and Professionals (CCAPP). All the items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided shall be used to determine qualification for examination under the regulatory requirements of Section 13025 pf Title 9 of the California Code of Regulations, as effective April 1, 2005.

1. Complete application form below according to the instructions with the following included:

- a. An official transcript (original or certified copy) from an accredited post-secondary institution, which documents successful completion of at least 315 of formal classroom hours of alcohol and/or drug related education.
- b. A check or a money order for \$175 for a non-refundable exam fee or provide credit card (MasterCard or Visa only) info on form provided. NOTE: Exam candidates must already have registered for certification with CADTP. If you need to register, the information and forms are available at [www.cadtp.org](http://www.cadtp.org).
- c. One photo –2"x2", passport style head and shoulder view, to be signed and dated on the back and stapled to this application.

2. Submit the complete application for examination, check, money order or credit card info, and signed and dated photo to: CADTP, 1026 W. El Norte Pkwy. PMB 143 Escondido, CA 92026. **Do not contact CCAPP** unless instructed to do so.

Only those applicants whose applications have been approved will be considered eligible for the examination. Approved applicants will be notified by e-mail how to make exam arrangements (appointment, exam locations, etc.) and will receive an exam study guide. If you change your name, address or e-mail after submitting application, you are responsible for notifying CADTP IMMEDIATELY!

**All Information Requested Must Be Typed or Legibly Printed**

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for denial of a certificate.)

<b>1. Name: Last</b>		<b>First</b>		<b>Middle</b>	
<b>2. Address:</b>			<b>City:</b>	<b>State</b>	<b>Zip Code</b>
<b>3. Birth Date: Month Day Year</b>		<b>4. Business Phone:</b>		<b>Home Phone:</b>	
<b>Email (REQUIRED):</b>					
<b>5. California Drivers License No.:</b>		<b>6. Ethnicity:</b>		<b>7. Male</b> ____ <b>Female</b> ____	
<b>8. Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary – not necessary if submitting transcript:</b>					
<b>9. Address:</b>		<b>City/State/Zip</b>		<b>Telephone No.:</b>	
				<b>Date(s):</b> From: ____ To: ____ Month/Year Month/Year	
<b>10. Have you ever applied for certification under another name? If so, please list such name(s).</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>11. If yes, have you ever been denied, suspended or revoked? If so, please list details.</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>Signature of Applicant:</b>				<b>Date:</b>	

Social Security # \_\_\_\_\_

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA (c)(2)(C) authorizes collection of your social security number. Your social security number will be used exclusively for verification of examination eligibility. Submission does not give CADTP or any others permission to use or disclose your social security number for any other purpose.

Updated 10/12/17





## Payment Information

Fees and Credit Card Authorization

### CAODC Candidate fees required with this application

Exam Fee	\$175
Certification Fee	\$175
<hr/>	
Total Fee's Due	\$350

Payments are non-refundable and must be submitted with your application. You may pay by check, cashier's check, money order or credit card (Visa or MasterCard only). If paying by credit card, please use the credit card authorization form included with this application.

**Mail your completed application to: \***

**CADTP  
1026 W. El Norte Pkwy. PMB 143  
Escondido CA 92026**

**\*Please note: This address is a third part Private Mail Box and does not get delivered directly to the CADTP office. If you send by certified mail, or any type of return receipt it is signed by a third party. Your confirmation of delivery does not guarantee that your parcel has arrived at the CADTP office. It may take an addition 2-3 days before arriving in the CADTP office. Please allow 30-45 days for processing.**



**CADTP will not keep your credit card information on file. This page will be destroyed after processing your payment.**

**CREDIT CARD INFORMATION**  
**Visa or MasterCard Only**

**Please type or print legibly:**

Full Name (as it appears on the card): \_\_\_\_\_

Company Name (If using company card): \_\_\_\_\_

Complete 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): \_\_\_\_\_



## Exam Retake Application\*

A Required 90 day waiting period must be observed

### Important Information Regarding the Exam

CADTP has contracted with CCAPP to allow CAODC candidates to take the IC&RC exam. CCAPP is the authorized board in California for the IC&RC. Never contact CCAPP regarding your exam through CADTP. If you have questions, contact the CADTP office only.

In December 2011, IC&RC began using pretest items on its exams. Pretesting allows IC&RC to streamline its exam development process, provide much needed data on questions and increase the security of its exams. On each IC&RC exam there are 25 “unweighted” items that do not count toward candidates’ final scores. Un-weighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. All exams are 150 questions in length, including the Advanced Alcohol and Drug Counselor (AADC), which was previously 175 questions.

For further information regarding pretest items please visit IC&RC’s website at the following link: <http://www.internationalcredentialing.org/news?mid=PostView&bmi=690907>.

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for permanent denial of certification)

1. Name: Last		First			Middle	
2. Full Street Address:			City:		State:	Zip Code:
3. Email Address (Required)		4. Home Phone:		Cell Phone:		5. Date of last exam attempt:
Signature of Applicant:					Date:	

\*Be sure to include the exam retake fee payment of \$175 with this application.