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EXAM APPLICATION

Instructions to Applicants for Examination for Certified Alcohol and Other Drug Counselor (CAODC™)

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.
 - 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, 1731 Howe Ave, PMB #352, Sacramento, California 95825-2209. Do not contact CCAPP unless instructed to do so.

Only those applicants whose applications have been approved will be considered eligible for examination. Approved applicants will be notified by mail how to make exam arrangements (appointment, exam locations, etc.) and will receive an exam study guide. If you change your name/or address 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 to an application for issuance of a certificate is reason for denial of a certificate.)

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

Social Security # _____

Disclosure of your social security number is mandatory. Selection 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.

1731 Howe Ave., PMB #352 Sacramento, CA 95825
Phone: (800) 464-3597 | Fax: (866)621-2286
www.cadtp.org

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