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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:

- 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.
- 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).
- 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 mail how to make exam arrangements (appointment, exam locations, etc.) and will receive an exam study guide. If you change your name and/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 with 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. Birth Date: Month Day Year		4. Business Phone:		Home Phone:	
Email (REQUIRED):					
5. California Drivers License No.:		6. Ethnicity:		7. Male ____ Female ____	
8. Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary – not necessary if submitting transcript:					
9. Address:		City/State/Zip		Telephone No.:	
				Date(s): From: ____ To: ____ Month/Year Month/Year	
10. Have you ever applied for certification under another name? If so, please list such name(s). YES <input type="checkbox"/> NO <input type="checkbox"/>					
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.** 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 1/7/18