



Application for Reciprocity
DO NOT FAX THIS APPLICATION

This completed form, the documentation required for reciprocity *should be mailed* to the address below. You must allow for at least two weeks for the application to be processed. Your application will be cross referenced with other certifying organizations.

CADTP will grant reciprocity to AOD counselors who meet the following criteria (please check one) and provide documentation of such:

- I am certified or registered by one of the certifying organizations approved by the *California Department of Alcohol and Drug Programs (DHCS)*, as listed in Chapter 8, Division 4, Title 9, California Code of Regulations, my certification is current (unexpired) and I would like to recertify with CADTP, (copy of certificate/registration must be attached).
- I was previously certified by one of the certifying organizations approved by the Department of Alcohol and Drug Programs, my certification has lapsed (expired) less than two years. I would like to apply for CADTP certification (copy of certificate must be attached). Renewal fee & renewal certification form are required http://www.cadtp.org/downloads/Renewal_Reminder_Letter_2017_Online_Version.pdf.
- I am certified or licensed in another state, my certification or license is current, and I would like to apply for certification without requiring testing. I have attached documentation that my current certification or license meets or exceeds CADTP's eligibility criteria. \$150 application fee is required.
- Additionally, I would like my reciprocity as an ***CADTP Alcohol/Other Drug Counselor - Advanced (CAODC-A)***: My current certifications basic requirements meet the CADTP requirements of completion of a minimum of 380 hours of formal classroom education related to alcohol and other abuse and 5 years of actual work experience in providing alcohol and drug counseling services. If my current certification does not meet the CADTP requirements I have attached additional documentation to meet the requirements.
- Additionally, I would like my reciprocity as an ***CADTP Alcohol/Other Drug Counselor – Clinical Supervisor (CAODC-CS)***: My current certifications basic requirements meet the CADTP requirements of completion of a minimum of 450 hours of formal classroom education related to alcohol and other abuse; or hold a current advanced Certified Alcohol/Other Drug Counselor (CAODC-A); plus have five (5) years or ten thousand (10,000) hours general clinical experience, two (2) years as a supervisor which may be concurrently obtained within the required five (5) year, or ten thousand 10,000 general clinical experience, and forty (40) hours of clinical supervisor education courses. If my current certification does not meet the CADTP requirements I have attached additional documentation to meet the requirements.



You **MUST** include the following in your application:

- Signed Code of Ethics: http://www.cadtp.org/downloads/aod_code_ethics.pdf
- Copy of current certification/registration & any required supplemental forms/fees
- Copy of State ID or Driver License - must be a clean copy in which the picture is recognizable

Please type or print legibly:

Full Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____

E-Mail: _____

ID or Driver License #: _____ State: _____

SSN (last 4 numbers) _____

Employer (If Any): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

By signing below, I am confirming that I have not been suspended or revoked by the California Department of Health Care Services nor 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 California 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: _____

***Will be verified**