



California SUD Counselor Certification

*Candidate Application
for the
Substance Use Disorder Certified Counselor (SUDCC)*

Applications for Examination and Certification

Effective January 1, 2018

DO NOT FAX OR EMAIL THIS APPLICATION!

The Substance Use Disorder Certified Counselor (SUDCC) 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.



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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 four weeks from date received at the CADTP office.

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.

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 SUDCC 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.

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 as Substance Use Disorder Registered Counselor (SUDRC) 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;
2. 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.
3. One photo--2" X 2", passport style head and shoulder view, to be signed and dated on the back and stapled to the exam application.
4. Documentation of practicum and work experience hours.



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Important Information Regarding the Exam

CADTP has contracted for the SUDCC candidates to take the IC&RC exam. If you have questions, contact the CADTP office only. Refer to the CADTP Candidate Handbook for details regarding the exam and exam process.

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.

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:

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to CADTP PRIOR to scheduling an examination. With the written request, the candidate must provide official documentation of the accommodation requested. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last three years. All medical/physical conditions require documentation of the treating physician’s examination conducted within the previous three months. Candidates will receive further information on scheduling an examination with accommodations once their request has been reviewed and approved.

Candidates with accommodations will be held to IC&RC’s cancelling, rescheduling, and missed examination policies. In addition, a candidate with accommodations deemed as a “No-Show,” may be responsible for any fees incurred for the coordination of their accommodations in addition to forfeiting their examination fee. Candidates will be required to pay these fees to CADTP prior to scheduling another examination.

Certification Requirements

Effective 1/1/17

This section of the application and stated requirements are for the CADTP Substance Use Disorder Certified Counselor (SUDCC) credentials only. CADTP applicants may apply for IC&RC credentials with additional requirements and fees. Any currently certified SUDCC 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 different exam with CADTP. Additional fees will be required.

CADTP has a six-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.



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Career Ladder – Certification Tiers

Substance Use Disorder Certified Counselor (SUDCC)

Applicants for the Substance Use Disorder Certified Counselor (SUDCC) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents successful completion of at least 315 hours of formal classroom hours of substance use disorder related education (see [Academic Content Areas](#));
- Documentation of one hundred and sixty (160) hours of supervised training as a substance use disorder counselor;
- Documentation of completion of two thousand and eighty (2,080) hours of paid or unpaid experience as a substance use disorder counselor;
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Substance Use Disorder Counselors](#).

Substance Use Disorder Certified Counselor II (SUDCC II)

Applicants for the Substance Use Disorder Certified Counselor- Advanced Experience (SUDCC II) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents successful completion of at least 315 hours of formal classroom hours of substance use disorder related education (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 Substance Use Disorder Counselors](#).

Substance Use Disorder Certified Counselor III (SUDCC III):

Applicants for the Substance Use Disorder Certified Counselor- Advanced Experience and Bachelor Level Education (SUDCC III) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents applicant holds a bachelor's degree in SUD or related field (380 hours), (see [Academic Content Areas](#) which must be included in the 380 hours);
- Documentation of five (5) years or ten thousand (10,000) hours general clinical experience);
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Substance Use Disorder Counselors](#).

Substance Use Disorder Certified Counselor III-CS (SUDCC III-CS):

Applicants for the Substance Use Disorder Certified Counselor- Advanced Experience and Bachelor Level Education- Clinical Supervisor (SUDCC III-CS) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents completion of a minimum of 380 hours of formal classroom education (bachelor's



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degree) related to substance use disorder and related fields (see [Academic Content Areas](#) which must be included in the 380 hours);

- Documentation of five (5) years or ten thousand (10,000) hours general clinical experience), including 2 years' experience in the direct supervision of SUD counselors;
- Documentation of completion of 40 hours of Clinical Supervisor specific education;
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Substance Use Disorder Counselors](#).

Substance Use Disorder Certified Counselor IV (SUDCC IV):

Applicants for the Substance Use Disorder Certified Counselor- Advanced Experience and Master Level Education (SUDCC IV) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents completion of a minimum of 450 hours of formal classroom education (master's degree) related to substance use disorder and related fields (see [Academic Content Areas](#) which must be included in the 450 hours);
- Documentation of five (5) years or ten thousand (10,000) hours general clinical experience);
- A signed [Uniform Code of Conduct & CADTP Code of Ethics for Substance Use Disorder Counselors](#).

Substance Use Disorder Certified Counselor IV-CS (SUDCC IV-CS):

Applicants for the Substance Use Disorder Certified Counselor- Advanced Experience and Master Level Education- Clinical Supervisor (SUDCC IV-CS) certification must include the following documentation with this application:

- Exam Application;
- Official transcript(s) (original or certified copy) from an accredited college or post-secondary institution, which documents completion of a minimum of 450 hours of formal classroom education (master's degree) related to substance use disorder and related fields (see [Academic Content Areas](#) which must be included in the 450 hours);
- Documentation of five (5) years or ten thousand (10,000) hours general clinical experience); including 2 years' experience in the direct supervision of SUD counselors;
- Documentation of completion of 40 hours of Clinical Supervisor specific education A signed [Uniform Code of Conduct & CADTP Code of Ethics for Substance Use Disorder Counselors](#).



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Academic Content Areas for SUDCC

(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. 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 Hours Worksheet	
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	



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STANDARD UNIFORM CALIFORNIA AOD COUNSELOR CODE OF CONDUCT

Adopted May 2012

The current California Regulations 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 that are designed to safeguard the rights of clients in SUD programs and facilities. CO’s may impose more stringent standards 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.

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:

- e. 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;
- f. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- g. 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;

Initial Here: _____



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- h. 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;
- i. 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.

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

2 CCR Title 9, Div. 4, Chap. 8, Section 13060.

3 CCR Title 9, Div. 4, Chap. 8, Section 13060(f).

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CADTP CODE OF ETHICS FOR REGISTERED AND CERTIFIED SUBSTANCE USE DISORDER 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.

Initial Here: _____



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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.
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].

Initial Here: _____



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16. I will not participate or engage in any form of advertising that in reasonable probability, 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.

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.



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Certification Application

Check the certification below for the SUDCC level you are applying for. Use the checklist on pages 5 & 6 to ensure you are submitting all required documents for the level of certification you are applying for.

<input type="checkbox"/> SUDCC	<input type="checkbox"/> SUDCC II	<input type="checkbox"/> SUDCC III	<input type="checkbox"/> SUDCC III-CS	<input type="checkbox"/> SUDCC IV	<input type="checkbox"/> SUDCC IV-CS
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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

All Information is Required and Must Be Typed or Legibly Printed

Name: First		Middle	Last	
Full Street Address		City	State	Zip Code
Birth Date: Month/Day/Year	Primary phone		CA Driver's License or ID #	
Email Address (Required)			Social Security Number (Required)	
Alcohol and/or Other Drug Counseling Employer. Write/type none if not currently employed.				
Address		City/State/Zip	Telephone No.	
Have you ever applied for certification even if under another name? If so, please list such name(s). YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, have you ever been denied, suspended or revoked? If so, please list details, attach additional pages if needed. 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 or the Department of Health Care Services. 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.				
Signature of Applicant			Date	

**ATTACH
2x2
PHOTO
HERE**



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Exam Application

**Instructions to Applicants for Examination for Substance Use Disorder Certified Counselor (SUDCC)
READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY**

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 Title 9 of the California Code of Regulations, as effective April 1, 2005.

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.).

If you change your name, address or e-mail after submitting application, you are responsible for notifying CADTP IMMEDIATELY!

On the day of testing, candidates must bring a valid, government issued photo ID and their Candidate Admission Letter. Candidates are strongly encouraged to read the Candidate Admission Letter in its entirety to be aware of all testing policies and procedures.

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

All Information is Required and Must Be Typed or Legibly Printed

Name: First		Full Middle	Last	
Address		City	State	Zip Code
Birth Date: Month /Day /Year		Business Phone		Home Phone
Email (REQUIRED)				
California Driver's License or ID #		Ethnicity		Male _____ Female _____
By signing below, I am confirming all information is correct and that I have never been suspended or revoked by any other certifying organization or the Department of Health Care Services. 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.				
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.



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Payment Information

Fees and Credit Card Authorization

SUDCC 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-party 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, due to weekends and Holidays, before arriving in the CADTP office. Please allow 30-45 days for processing.



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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*: _____
**Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature*

Total Amount to be charged: \$ _____

Authorized Signature: _____

Daytime Phone Number (in case there is a question): _____



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SUD COUNSELING WORK EXPERIENCE VERIFICATION

This form is intended to expediate the process for a CADTP certification candidate, to verify the required employment hours necessary to meet the certification criteria of Substance Use Disorder (SUD) Counselors

Counselor Name _____

Place of Employment _____ **Position** _____

DATES	POSITION	HOURS	AUTHORIZING AGENT
Total Hours			

Contact Information is required for verification by CADTP Certification Office

Authorizing Company Representative Contact information

Name _____ **Email Address** _____

Phone _____ **Company** _____ **Position** _____

Signature _____ **Date** _____



PRACTICUM VERIFICATION LOG

Intern/Student Name _____

Agency where Intern/Student was supervised _____ Name of School _____

Core Function—160 Hours	Date From	Date To	Total Hours	Supervisor Signatures
Agency Orientation— 3 Hours				
Screening —10 hours				
Intake—10 hours				
Orientation—13 hours				
Assessment— 13 hours				
Treatment Plan— 16 hours				
Counseling—20 hours				
Case Management — 10 hours				
Crisis Management— 16 hours				
Client Education— 16 hours				
Client Referral — 10 hours				
Reports/Record Keeping - 13 hours				
Consultations w/Professionals— 10 hours				

Practicum Instructor/Supervisor Attestation

Supervisor Name _____ Email Address _____ Phone _____

Supervisor years in AOD Profession _____ Position _____ Credential _____ Credential # _____

The undersigned attests that by signing the Practicum Hours Verification Log, the Intern/Student has satisfied the practical experience requirements in a satisfactory manner.

Supervisor Signature _____ Date _____