



Reciprocity Application

Counselor’s whose certification or registration is current and in good standing may apply for CADTP certification or registration reciprocity provided their certification or registration meets all eligibility criteria specified for the SUDCC registration or certification.

Your application will be cross referenced with other certifying organizations and the Department of Health Care Services (DHCS) suspended and revoked listing.

Certification reciprocity must meet the CADTP SUDCC requirements, i.e. exam equivalency, AOD educational hours, and required hours of actual work experience.

The CADTP Code of Ethics, renewal forms, certification upgrade forms and a description of SUDCC requirements and the SUDCC higher level requirements can be found on our website at <https://www.cadtp.org/certification-overview> .

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

<input type="checkbox"/>	I am certified or registered by one of the certifying organizations approved by DHCS my certification or registration is current (unexpired) and in good standing.
<input type="checkbox"/>	My current certification also meets the requirements for the higher-level SUDCC, and I would like to reciprocity in at the following level: <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
<input type="checkbox"/>	I was certified by one of the certifying organizations approved by DHCS my certification has lapsed (expired) less than two years. Renewal fee & certification renewal form are required.
<input type="checkbox"/>	I was registered by one of the certifying organizations approved by DHCS my registration has lapsed (expired) within the 5-year registration period. Renewal fee & registration renewal form are required. If it is expired past the 5-year registration period, please contact CADTP.
<input type="checkbox"/>	I am certified or licensed in another state, my certification or license is current and in good standing, and I would like to apply for certification without requiring testing. I have attached documentation that my current certification or license meets or exceeds the SUDCC eligibility criteria. <u>\$150 application fee is required.</u>
<input type="checkbox"/>	My current out of state certification also meets the requirements for the higher-level SUDCC, and I would like to reciprocity in at the following level: <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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DO NOT FAX THIS APPLICATION

This completed form and the documentation required for reciprocity *should be emailed or mailed* to the address below. Allow at least two weeks for the application to be processed.

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

- Signed and initialed Code of Ethics: <http://www.cadtp.org/downloads/aod-code-ethics.pdf>
- Copy of current certification/registration & any required supplemental documents and fees.
- Copy of State ID or Driver License - must be a clean copy in which the picture is recognizable.
- Upgrade application if you would like to transfer into a higher level of certification and your current certification does not meet the higher-level requirements.

Please type or print legibly:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____

E-Mail: _____

ID or Driver License #: _____ 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 (will be verified). 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 and initialed copy with this application.

Your Signature: _____ Date: _____

