Registration Renewal Application

California SUD Counselor Certification

CADTP Registrants must renew annually and meet the renewal criteria. Renewal requires the following;

- ☐ Signed, dated and initialed Uniform Code of Conduct; CADTP Code of Ethics,
- ☐ Three (3) hours of Ethics and three (3) hours of Confidentiality Continuing Education (CEU),
- ☐ Proof of progress in the past 12 months towards certification - include one of the following:
  - ☐ Proof that you have been attending a college course towards your certification of at least 40 hours (3 units equal 45 hours) of SUD education in the past 12 months; up to 315 hours. This proof must be unofficial transcripts. Visit www.cadtp.org/certification-overview for course requirements, OR;
  - ☐ If you have completed your educational requirements and are currently working, submit a letter from your employer to show you are working towards gaining the required work experience;
- ☐ Payment of $25 via check, money order or Visa/MasterCard,
- ☐ This renewal form completed, signed, and dated.

Standard processing time is 30 days from the date Received at CADTP

☐ I would like my renewal rushed and I am including an additional $25.00 to have my renewal processed within 10 days of Received date.

You must renew your Registration by:		**Your 5-year maximum Registration Date:**	

Name: First	Middle	Last		
Full Street Address:	City:		State:	Zip Code:
Email Address (Required if you don't have one you can get one free from many providers online):				
Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary. Write none if not currently employed				
Address:	City/State/Zip	Telephone No.:	Date(s): From: _____ To: _____ Month/Year	
Have you ever been denied, suspended, or revoked by the Department of Health Care Services (DHCS) or another certifying organization? ☐ YES ☐ NO If yes, attach an additional page and provide details.				
By signing below, I am confirming all information is correct and that I have never been suspended or revoked by DHCS or any other certifying organization. Further, I understand that I am obligated to report any suspension or revocation by DHCS or another certifying organization to CADTP. I also agree to adhere to the California State Department of Health Care Services 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:		

Mail, fax or email your completed application, all required documents & fee to:

CADTP
1026 W. El Norte Pkwy PMB 143
Escondido CA 92026
Phone: (800) 464-3597 Fax: (866) 621-2286
Email: info@cadtp.org Website: www.cadtp.org
Like us on Facebook and Follow us at @CADTP

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CREDIT CARD INFORMATION (Master Card or Visa Only)

The information below to be shredded after your card has been charged; we do not keep your credit card information on file.

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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