



**California Association of DUI Treatment Programs**  
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## AOD 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  
**Alcohol or Other Drug (AOD) Counselors**

Counselor Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

DATES	POSITION	HOURS	AUTHORIZING AGENT
<b>Total Hours</b>			

*Contact information is required for verification by CADTP Certification Office.*

### Authorizing Company Representative Contact Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_