



California SUD Counselor Certification

**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
<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 \_\_\_\_\_



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