



Certification Renewal Application

Dear Counselor,

Required Certification Renewal

Regulations adopted by the California Department of Health Care Services. (DHCS), as effective April 1, 2005, require counselor certifications must be renewed every two years and include documentation of forty (40) hours of continuing education related to SUD Counseling taken within the last two (2) years. Enclosed is a copy of that part of the regulations for your reference.

Continuing Education Requirements

Continuing education that does not fall within the scope of Section 13055 (c) or (d), is not obtained from a CADTP approved provider or is dated before the last renewal date will not be accepted for renewal.

The forty (40) hours of CEU's must include a minimum of three (3) hours of Ethics & Confidentiality and both topics must be reflected in the CEU title or outline. Ethics and Confidentiality can be obtained in one 3-hour session or in conjunction with other topics but must be distinguishable as a learning topic.

CEU Documentation

A certificate or document indicating:

- the date(s) of attendance,
- the subject matter (in enough detail to determine compliance with the regulations),
- the hours of attendance,
- the location,
- signed and dated by the instructor or designated representative.

Renewal Application

Complete the enclosed application, attach the appropriate CEU documentation, the signed, dated and initialed Uniform Code of Conduct; CADTP Code of Ethics, and payment and mail, fax, or email the complete package to CADTP as soon as possible and no later than 30 days before the expiration date.

When you have satisfactorily renewed, you will be issued a new certificate as a Substance Use Disorder Certified Counselor (SUDCC) for a new two-year period.

FOR YOUR CERTIFICATION TO BE RENEWED IN A TIMELY MANNER, THE RENEWAL INFORMATION MUST BE RECEIVED AT LEAST THIRTY DAYS PRIOR TO THE EXPIRATION DATE.

NOTE: CADTP Certification is accredited by the Institute for Credentialing Excellence (ICE), National Commission for Certifying Agencies (NCCA)



CADTP
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Like us on Facebook and Follow us at @CADTP





Certification Renewal Application

Please include the following with this renewal application:

- Uniform Code of Conduct; CADTP Code of Ethics - signed, dated and each page initialed;
- 40 Hours Minimum of SUD Continuing Education;
 - Must include 3 hours of Ethics and Confidentiality (may be combined in one training)
 - SUDCC-CS CEU's must include 6 hours of clinical supervision courses
- Payment via check, money order or Visa/MasterCard of:
 - \$125 for SUDCC;
 - \$150 for SUDCC II or SUDCC III;
 - \$175 for SUDCC III-CS, SUDCC IV, or SUDCC IV-CS
- Renewal Form Completed

Standard processing time is 30 days from 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.

Please print clearly:

Name _____

FULL Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Driver License # _____ Last 4 of SSN# _____

Email _____

Employer (if any) _____

By signing below, I am confirming that I have not been suspended or revoked by any other certifying organization or the Department of Health Care Services (DHCS). 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 DHCS (formerly, ADP - Department of Alcohol & Drug Programs) Uniform Code of Conduct and the CADTP Code of Ethics and agree to adhere to both.

Your Signature: _____ Date: _____





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CREDIT CARD INFORMATION (Master Card or Visa Only)

The information below will 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): _____

