



## Certification Upgrade Application

The Certification Upgrade application is for counselors who would like to upgrade their certification to a higher certification level during their renewal period.

CADTP's Substance Use Disorder Certified Counselor (SUDCC) credentials are designed to ensure a satisfactory level of competence for counselors working in SUD treatment programs. CADTP has developed six levels of certification, i.e. SUDCC, SUDCC II, SUDCC III, SUDCC III-CS, SUDCC IV, and SUDCC IV-CS (descriptions and qualifications listed below). These levels of certification demonstrate that certificants have the skills and experience needed to serve their clients and provides competency assurance to employers and the public.

Please check which certification you would like to upgrade to:

- SUDCC II - Substance Use Disorder Certified Counselor - Advanced Experience***
  - I have met the basic SUDCC requirements and have 5 years of actual work experience in providing substance use disorder counseling services.
  
- SUDCC III - Substance Use Disorder Certified Counselor - Advanced Experience and Bachelor Level Education***
  - I have met the requirements of the SUDCC II and hold a bachelor's degree, in SUD formal education, or related field.
  
- SUDCC III-CS - Substance Use Disorder Certified Counselor- Advanced Experience and Bachelor Level Education- Clinical Supervisor***
  - I have met the requirements of the SUDCC III and have 2 years' experience in the direct supervision of SUD counselors, and have completed forty (40) hours of clinical supervisor education courses.
  
- SUDCC IV - Substance Use Disorder Certified Counselor- Advanced Experience and Master Level Education***
  - I have met the requirements of the SUDCC II and hold a master's degree, in SUD formal education, or related field.
  
- SUDCC IV-CS - Substance Use Disorder Certified Counselor- Advanced Experience and Master Level Education- Clinical Supervisor***
  - I have met the requirements of the SUDCC IV and have 2 years' experience in the direct supervision of SUD counselors, and have completed forty (40) hours of clinical supervisor education courses.





California SUD Counselor Certification

# Certification Upgrade Application

Please type or print legibly:

Full Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Email Address (Required to receive Digital Credential): \_\_\_\_\_

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

- Payment of \$25
- Documentation of formal educational hours for SUDCC III or SUDCC IV (unofficial transcripts form accredited college or copy of degree)
- Documentation of advanced work experience (Work Verification Form completed or official letter from employer) **\*will be verified**
- 40 Clinical Supervisor education courses (ONLY if upgrading to CS). Clinical Supervisor Education Courses are offered online by [Quantum Units Education](#) and [Breining Institute](#).

## 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: \_\_\_\_\_



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**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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