



Reciprocity Application

DO NOT FAX THIS APPLICATION

Counselor whose certification or registration is current and in good standing may apply for CADTP certification or registration reciprocity provided their certification or registration meets all eligibility criteria specified for the registration or certification.

Your application will be cross referenced with other certifying organizations and the Department of Health Care Services (DHCS) suspended and revoked listing.

Certification reciprocity must meet the CADTP certification requirements, i.e. exam equivalency, AOD educational hours, and required hours of actual work experience.

CADTP will grant reciprocity to SUD counselors who meet the following criteria (please check one) and provide documentation of such:

<input type="checkbox"/>	I am certified or registered by one of the certifying organizations approved by DHCS my certification or registration is current (unexpired) and in good standing.
<input type="checkbox"/>	I qualify for higher-level SUDCC, and I would like to reciprocity in at the following level (You must submit the documentation showing you meet the *requirements for the higher level): <input type="checkbox"/> SUDCC II <input type="checkbox"/> SUDCC III <input type="checkbox"/> SUDCC III-CS <input type="checkbox"/> SUDCC IV <input type="checkbox"/> SUDCC IV- CS
<input type="checkbox"/>	I was certified by one of the certifying organizations approved by DHCS my certification has lapsed (expired) less than two years. Renewal fee & certification renewal form are required.
<input type="checkbox"/>	I was registered by one of the certifying organizations approved by DHCS my registration has lapsed (expired) within the 5-year registration period. Renewal fee & registration renewal form are required. If it is expired past the 5-year registration period, please contact CADTP.

The CADTP Code of Conduct/Ethics, Renewal Forms, and Work Verification Form can be found on the CADTP Counselor Website www.cadtpcounselors.org

*SUDCC higher level requirements can be found on our website at www.cadtpcounselors.org/career-center/

Allow at least two weeks for the application to be processed.





Reciprocity Application

This completed form and the documentation required for reciprocity *should be emailed or mailed* to the address below.

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

- Signed and initialed Code of Ethics: www.cadtpcounselors.org
- Copy of current certification/registration.
- Copy of State ID or Driver License - must be a clean copy in which the picture is recognizable.
- Supplemental documents if you would like to transfer into a higher level of certification and your current certification does not meet the higher-level requirements, i.e. copy of degree, work verification form, CEUs.

Please type or print legibly:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____

E-Mail: _____

ID or Driver License #: _____ SSN (last 4 numbers) _____

Employer (If Any): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

By signing below, I am confirming that I have not been suspended or revoked by the California Department of Health Care Services nor any other certifying organization (will be verified). 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 California Department of Health Care Services (DHCS) (formerly, ADP - Department of Alcohol & Drug Programs) Uniform Code of Conduct and the CADTP Code of Ethics and agree to adhere to both. I have enclosed a signed and initialed copy with this application.

Your Signature: _____ Date: _____



California SUD Counselor Demographics

The purpose of collecting this demographic information is to standardize and combine data collected by the three California SUD counselor certifying bodies (CADTP, CAADE, CCAPP). This data will provide a SUD counselor workforce profile and help to support current and future needs. The data collected is utilized as a whole; identifying information will not be released. Demographics are collected upon initial registration/certification and registration and certification renewal. Thank you for your cooperation.

CADTP # _____ 1st Data Submission Updated Submission (**Only Enter Changes from last submission**)

1. County of Residence _____	2. County of Employment _____	3. Zip Code: Residence _____	4. Zip Code: Employment _____
5. Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Multi-Racial/Ethnic; please specify: _____ <input type="checkbox"/> Other: _____			
6. Gender Identity (select all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> F 2 X <input type="checkbox"/> M 2 X <input type="checkbox"/> Male/Transman/FTM <input type="checkbox"/> Trans <input type="checkbox"/> Genderqueer <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> 3 rd Gender <input type="checkbox"/> Female/Transwoman/MTF <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to state.		7. Age Range <input type="checkbox"/> 18-24 years old <input type="checkbox"/> 55-64 years old <input type="checkbox"/> 25-34 years old <input type="checkbox"/> 65-74 years old <input type="checkbox"/> 35-44 years old <input type="checkbox"/> 75 years or older <input type="checkbox"/> 45-54 years old	
8. Language(s) Spoken (select all that apply) <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____		9. Education Level (select all that apply) <input type="checkbox"/> No high school <input type="checkbox"/> Some high school, no diploma <input type="checkbox"/> High school graduate (diploma, or the equivalent, e.g. GED) <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Trade/technical/vocational training <input type="checkbox"/> Associate degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Doctorate degree	
10. Certifications/Licenses (select all that apply) <input type="checkbox"/> California Registered SUD Counselor (select all that apply) <input type="checkbox"/> CADTP <input type="checkbox"/> CCAPP <input type="checkbox"/> CAADE <input type="checkbox"/> California Certified SUD Counselor (select all that apply) <input type="checkbox"/> CADTP <input type="checkbox"/> CCAPP <input type="checkbox"/> CAADE <input type="checkbox"/> SUD counselor (certified outside of California) <input type="checkbox"/> Licensed Vocational Nurse (LVN) <input type="checkbox"/> Medical Assistant (MA) <input type="checkbox"/> Licensed Professional Clinical Counselor (LPCC) <input type="checkbox"/> Social worker (e.g., LCSW or ASW) <input type="checkbox"/> Marriage and Family Therapist (e.g., LMFT or MFT) <input type="checkbox"/> Psychologist (e.g., PsyD or PhD) <input type="checkbox"/> Registered Nurse (e.g., RN) <input type="checkbox"/> Marriage and Family Therapist (e.g., LMFT or MFT) <input type="checkbox"/> Psychologist (e.g., PsyD or PhD) <input type="checkbox"/> Registered Nurse (e.g., RN) <input type="checkbox"/> Registered Pharmacist <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Physician (e.g., MD or DO) <input type="checkbox"/> Certified Intervention Professional (CIP) <input type="checkbox"/> Licensed Educational Psychologist (LEP) <input type="checkbox"/> No certificate or license			
11. Specialty Certifications from the SUD Counselor Certification Bodies in California (select all that apply) <input type="checkbox"/> Case Management <input type="checkbox"/> Co-Occurring Disorders <input type="checkbox"/> Interventionalists <input type="checkbox"/> Peer Support Specialist <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Partial Recovery Coach <input type="checkbox"/> Women's Treatment <input type="checkbox"/> MAT Counselor			