



California SUD Counselor Certification

CEU Provider Renewal Application

Please include the following with this application:

- Any changes in the organizational structure and/or the person(s) responsible for continuing education course(s), including address and name changes.
- Payment via check, money order, or on the [CADTP Online Payment Portal](#) for:
 - CADTP Organizational Member = \$150
 - Non-Member = \$250

Check the provider categories you are renewing for: Conference/Workshop/In-Service Home Study

Institution/Provider Name

Address City State Zip

() _____ () _____
Business Telephone Fax Number E-Mail

Website if applicable

Name of Contact Person Telephone Number E-Mail

- The provider is a/an (check all that apply):** Government Agency Health Facility Individual
- Partnership Licensed DUI Program Private Educ. Inst. Private Practitioner
- University/College Other (Specify) _____

I certify under penalty of perjury, under the laws of the state of California, that the foregoing is true and correct, and that I have read and will abide by the guidelines and instruction stated herein.

Application submitted by: Printed Name Title

Application submitted by: Signature Date



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