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CALIFORNIA ASSOCIATION of DRINKING DRIVER TREATMENT PROGRAMS

Mail: 1731 Howe Avenue, PMB #352, Sacramento, CA 95825-2209 • Phone: 866-621-2256

Instructions to Applicants for Examination for Certified Alcohol and Other Drug Counselor (CAODC)

READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

The exam, also known as the RAS exam, is administered for CADDTP by The Breining Institute. All items of information are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided shall be used to determine qualification for examination under the regulatory requirements of Section 13025 of Title 9 of the California Code of Regulations, as effective April 1, 2005.

1. Complete application form below according to the instructions with the following included:
 - a. **An official transcript** (original or certified copy) from an accredited post secondary institution, which documents successful completion of at least 320 formal classroom hours of alcohol and/or drug related education.
 - b. A check or money order for **\$199.00** for the non-refundable exam fee or provide credit card (MasterCard or Visa only) info on form provided. **NOTE: Exam candidates must already have registered for certification with CADDTP.** If you need to register, the information and forms are available at www.caddtp.org.
 - c. One photo--2" X 2", passport style head and shoulder view, to be signed and dated on the back and stapled to this application.
2. Submit the completed application for examination, check, money order or credit card info, and signed and dated photo to: **CADDTP, 1731 Howe Avenue, PMB #352, Sacramento, California 95825-2209.** Do not contact The Breining Institute unless instructed to do so.

Only those applicants whose applications have been approved will be considered eligible for the examination. Approved applicants will be notified by mail how to make exam arrangements (appointment, exam locations, etc.) and will receive an exam study guide. If you change your name and/or address after submitting application, you are responsible for notifying CADDTP IMMEDIATELY!

All Information Requested Must Be Typed or Legibly Printed

(Making or giving any false statement or information in connection with an application for issuance of a certificate is reason for denial of a certificate.)

1. Name: Last	First	Middle	
2. Address:	City:	State	Zip Code
3. Birth Date: Month Day Year	4. Business Phone: ()	Home Phone: ()	
5. California Drivers License No.:	6. Ethnicity:	7. Male _____ Female _____	
8. Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary – not necessary if submitting transcript :			

9. Address:	City/State/Zip	Telephone No.:	Date(s): From: _____ Month/Year To: _____ Month/Year
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10. Have you ever applied for certification under another name? If so, please list such name(s).
YES NO

Signature of Applicant _____ **Date** _____

Social Security # _____

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for verification of examination eligibility. Submission does not give CADDTP or any others permission to use or disclose your social security number for any other purpose.