CCBADC California Certification Board of Alcohol and Drug Counselors

APPLICATION FOR ADMISSION TO THE ORAL EXAM FOR CERTIFICATION

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS

_____ **Name**

_____ **Social Security Number**

_____ **Phone Number (including area code)**

_____

Address **City** **State** **Zip**

Preferred Exam Location: ___ Northern California ___ Southern California

1. Make sure that you fill out this Oral Exam application completely.
2. Return application, appropriate fee ($153.00 Oral Exam fee for non CAADAC members and $90.00 Oral Exam fee for full CAADAC members) and a Written CPM (1 copy).
3. Effective 01/01/07 IC&RC requires that all CPM applicants submit 1 copy of a Written Case Presentation method prior to being approved to take the Oral Exam. (Also available on the website, in the "Forms/Docs" section.
4. You will receive a letter with the date, time and location of the Oral Exam approximately 1 month prior to the Oral Exam date. If you have questions please email sbanks@caadac.org
5. Make sure that you take 2 forms of valid identification with you to the Oral Exam, 1 must be a photo.
6. Please note that Registered Students and Registered Recovery Workers **DO NOT** qualify for the full CAADAC members fee. You must be a full CAADAC member, which is $185.00 annually.
7. Application and fee **MUST** be received (not postmarked) in the CAADAC office by the following dates:
   - **First Friday of June for the July Oral Exam**
   - **First Friday of December for the January Oral Exam**

METHOD OF PAYMENT:

1. ____Check ____Money Order (Mail with fee to: **CCBADC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. ____Visa ____MasterCard ___Amex ____Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____3 or 4 digit Security Code on Back_____ Total Amt: $_____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

PLEASE ALLOW 4-6 WEEKS DELIVERY.
RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A $30.00 ADDITIONAL FEE. ALL FEES ARE NON-REFUNDABLE.