CCBADC California Certification Board of Alcohol and Drug Counselors

APPLICATION FOR ADMISSION TO THE ORAL EXAM FOR CERTIFICATION

Name _____ **Social Security Number** _____

Phone Number (including area code) _____

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

Preferred Exam Location: ___ **Northern California** ___ **Southern California**

Preferred Exam Date: ___ **July** ___ **January**

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.) CCBADC has a no refund policy, so be sure to submit this application only when you are ready to take the exam.
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 $100.00 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**

I understand that the oral examination is a peer review examination, in which a panel of my peers will review my ability to employ the use of the 12 Core Functions global criteria. I hereby understand and agree to such peer review. All scores are made available following the peer review oral exam to the candidate; however I understand and agree that the examination scores and decision of the peer review panel are final and that there is no further appeal or review from this process. I further agree not to sue CAADAC or CCBADC relative to the peer review/oral examination process and I agree to indemnify and hold CAADAC and CCBADC and their respective officers, directors, agents, and employees harmless from any and all liabilities, losses, costs, damages, and any other expenses which CAADAC/CCBADC or their officers, directors, agents, and employees may sustain or incur as a result of or arising from the peer review/oral examination process. I agree to reimburse CAADAC and/or CCBADC for any attorneys' fees and costs incurred as a result of my breach of this hold harmless provision.

_____ _____

Signature Date

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)

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 _____

RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A $30.00 ADDITIONAL FEE. ALL FEES ARE NON-REFUNDABLE.