CCBADC California Certification Board of Alcohol and Drug Counselors

What is required to be scheduled for the oral exam?

1. The oral exam application- The oral exam application must be complete (the oral exam application is mailed to you once you have passed the written exam or you can download one from our website at www.caadac.org under forms/docs).

2. The fee- The appropriate fee must be submitted (members $90, non members $153) and remember that CAADAC/CCBADC has a no refund policy so make sure that you submit everything when you are ready to be scheduled for the exam! Also, everything must be received in the office by the deadline date.

3. The written case presentation method (CPM)-The written CPM must include a cover sheet, your supervisor must review and both of you must sign it (see example below) and then at least 1 paragraph per core function.

4. The hours-CADC I requires a total of 4,000 hours of supervised work experience. CADC II requires a total of 6,000 hours of supervised work experience (the form is mailed to you once you have passed the written exam or you can download it from our website at www.caadac.org under forms/docs). Keep in mind for those of you who Tested In, you only qualify for the CADC I credential. To upgrade from the CADC I to the CADC II you must submit the 315 hours of formal classroom education along with an employment letter and completed practicum log and evaluation form (you can download these forms from our website at www.caadac.org under forms/docs located in the CADC I/II manual).

CPM Presentation by: _____
Your name

Client's Demographics:
Fictional Name:
Age at Admission: Race: Sex: Marital Status:
Employment:
Referral Source:
Current Legal Status:
Admission Date: Discharge Date:
Treatment Setting and Modality:

COVER SHEET EXAMPLE

"I hereby attest that I prepared this case presentation method (CPM) and it represents an actual case of mine using a fictitious name".

_____ _____
Your name Date

"I hereby attest that I have read and approve the cpm of _____."
Candidate's Name

_____ _____
Supervisor's Signature Date