CCBADC California Certification Board of Alcohol and Drug Counselors

APPLICATION FOR ADMISSION FOR THE WRITTEN EXAM FOR CERTIFICATION

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS

Name _____

Social Security Number _____

Phone Number (including area code) _____

Email Address _____

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

TYPE OF EXAM: (CHECK ONE): ___AODA Counselor ___CCS ___CCPS ___CCJP ___DOT/SAP

PREFERRED EXAM LOCATION: ___ Northern California (Sacramento) ___ Southern California (Riverside)

PREFERRED EXAM DATE: ___ June ___ December

1. Make sure that you fill out this Written Exam application completely.
2. Return this application with the appropriate fee ($200.00 Written Exam fee for non CAADAC members and $124.00 Written Exam fee for full CAADAC members.) CAADAC/CCBADC has a no refund policy, so be sure to submit this application only when you are ready to take the exam.
3. Application and fee **MUST BE RECEIVED** (not postmarked) in the CAADAC office by the following dates:

   The first Friday of May for the June Written Exam
   The first Friday of November for the December Written Exam

4. **Approximately** 1 month prior to the Written Exam date you will receive a letter with the date, time and location of the Written Exam. If you have any questions/comments please email them to sbanks@caadac.org.
5. Make sure that you take 2 forms of valid identification with you to the Written 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.

METHOD OF PAYMENT:

1. ____Check ____Money Order (Mail application and fee to: **CAADAC/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 AND ALL FEES ARE NON-REFUNDABLE. (Rev, 09-2009)