



California SUD Counselor Certification

Registration Renewal Application

CADTP Registrants must renew annually and meet the renewal criteria.

- ☐ This renewal form is completed, signed, and dated.
- ☐ Signed, dated, and initialed Uniform Code of Conduct; CADTP Code of Ethics,
- ☐ Three (3) hours of Ethics **and** three (3) hours of Confidentiality continuing education (CEU),
- ☐ Proof of progress in the past 12 months towards certification - include **one** of the following:
 - ☐ Proof of attending a college course of at least 45 hours (3 units equal 45 hours) of SUD education in the past 12 months. Attach unofficial transcripts. Visit www.cadtpcounselors.org for certification course requirements, **OR**;
 - ☐ I have completed school and am working as a SUD counselor toward gaining the required work experience for certification. Attach a letter from your employer.
- ☐ Payment of \$25 via check, money order, or online payment www.cadtpcounselors.org/payment-portal

Standard processing time is 30 days from the date the complete application is received at CADTP

- ☐ I would like my renewal rushed and I am including an additional \$50.00 to have my renewal processed within **10 business days of the date my complete application is received at the CADTP office**.
- ☐ I would like my renewal rushed and I am including an additional \$75.00 to have my renewal processed within **5 business days of the date my complete application is received at the CADTP office**. Please note: The 5-day rush option is limited to those who expire in 30 days or less.

Name: First		Middle	Last	
Mailing Address:		City:	State:	Zip Code:
Phone No:	Email Address (Required) :			
Alcohol and/or Other Drug Counseling Employer – attach additional sheets if necessary. Write none if not currently employed				
Address:	City/State/Zip	Telephone No.:	Date(s): From: _____ To: _____ Month/Year	
Have you ever been denied, suspended, or revoked by the Department of Health Care Services (DHCS) or another certifying organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach an additional page and provide details.				
By signing below, I am confirming all information is correct and that I have never been suspended or revoked by DHCS or any other certifying organization. Further, I understand that I am obligated to report any suspension or revocation by DHCS or another certifying organization to CADTP. I also agree to adhere to the California State Department of Health Care Services Uniform Code of Conduct and the CADTP Code of Ethics. I understand that fees associated with this application are non-refundable.				
Signature of Applicant:	<i>Caroline Andre</i>		Date:	



CADTP
1026 W. El Norte Pkwy PMB 143
Escondido CA 92026
Phone: (800) 464-3597 Fax: (866) 621-2286
Email: info@cadtp.org Website: www.cadtpcounselors.org
Like us on Facebook and Follow us at @CADTP



California SUD Counselor Demographics

The purpose of collecting this demographic information is to standardize and combine data collected by the three California SUD counselor certifying bodies (CADTP, CAADE, CCAPP). This data will provide a SUD counselor workforce profile and help to support current and future needs. The data collected is utilized as a whole; identifying information will not be released. Demographics are collected upon initial registration/certification and registration and certification renewal. Thank you for your cooperation.

CADTP # _____ ☐ 1st Data Submission ☐ Updated Submission (**Only Enter Changes from last submission**)

1. County of Residence _____	2. County of Employment _____	3. Zip Code: Residence _____	4. Zip Code: Employment _____
5. Race/Ethnicity <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino </div> <div> <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian / Pacific Islander </div> <div> <input type="checkbox"/> Multi-Racial/Ethnic; please specify: _____ <input type="checkbox"/> Other: _____ </div> </div>			
6. Gender Identity (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Male <input type="checkbox"/> F 2 X <input type="checkbox"/> Trans <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Prefer not to state. </div> <div style="width: 33%;"> <input type="checkbox"/> Female <input type="checkbox"/> M 2 X <input type="checkbox"/> Genderqueer <input type="checkbox"/> 3rd Gender </div> <div style="width: 33%;"> <input type="checkbox"/> Transgender Male/Transman/FTM <input type="checkbox"/> Transgender Female/Transwoman/MTF <input type="checkbox"/> Prefer to self-describe: _____ </div> </div>		7. Age Range <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 18-24 years old <input type="checkbox"/> 25-34 years old <input type="checkbox"/> 35-44 years old <input type="checkbox"/> 45-54 years old </div> <div style="width: 50%;"> <input type="checkbox"/> 55-64 years old <input type="checkbox"/> 65-74 years old <input type="checkbox"/> 75 years or older </div> </div>	
8. Language(s) Spoken (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog </div> <div style="width: 33%;"> <input type="checkbox"/> Armenian <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese </div> <div style="width: 33%;"> <input type="checkbox"/> Cambodian <input type="checkbox"/> Hmong <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ </div> </div>		9. Education Level (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> No high school <input type="checkbox"/> High school graduate (diploma, or the equivalent, e.g. GED) <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Trade/technical/vocational training <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree </div> <div style="width: 50%;"> <input type="checkbox"/> Some high school, no diploma <input type="checkbox"/> (diploma, or the equivalent, e.g. GED) <input type="checkbox"/> No degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree </div> </div>	
10. Certifications/Licenses (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> California Registered SUD Counselor (select all that apply) <input type="checkbox"/> CADTP <input type="checkbox"/> CCAPP <input type="checkbox"/> CAADE <input type="checkbox"/> California Certified SUD Counselor (select all that apply) <input type="checkbox"/> CADTP <input type="checkbox"/> CCAPP <input type="checkbox"/> CAADE <input type="checkbox"/> SUD counselor (certified outside of California) <input type="checkbox"/> Licensed Vocational Nurse (LVN) <input type="checkbox"/> Medical Assistant (MA) <input type="checkbox"/> Licensed Professional Clinical Counselor (LPCC) <input type="checkbox"/> Social worker (e.g., LCSW or ASW) <input type="checkbox"/> Marriage and Family Therapist (e.g., LMFT or MFT) <input type="checkbox"/> Psychologist (e.g., PsyD or PhD) </div> <div style="width: 50%;"> <input type="checkbox"/> Registered Nurse (e.g., RN) <input type="checkbox"/> Marriage and Family Therapist (e.g., LMFT or MFT) <input type="checkbox"/> Psychologist (e.g., PsyD or PhD) <input type="checkbox"/> Registered Nurse (e.g., RN) <input type="checkbox"/> Registered Pharmacist <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Physician (e.g., MD or DO) <input type="checkbox"/> Certified Intervention Professional (CIP) <input type="checkbox"/> Licensed Educational Psychologist (LEP) <input type="checkbox"/> No certificate or license </div> </div>			
11. Specialty Certifications from the SUD Counselor Certification Bodies in California (select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Case Management <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> MAT Counselor </div> <div style="width: 25%;"> <input type="checkbox"/> Co-Occurring Disorders <input type="checkbox"/> Criminal Justice </div> <div style="width: 25%;"> <input type="checkbox"/> Interventionalists <input type="checkbox"/> Partial Recovery Coach </div> <div style="width: 25%;"> <input type="checkbox"/> Peer Support Specialist <input type="checkbox"/> Women's Treatment </div> </div>			



1026 W. El Norte Pkwy PMB 143 Escondido CA 92026
Phone: (800) 464-3597 Fax: (866) 621-2286
Email: info@cadtp.org Website: www.cadtpcounselors.org

STANDARD UNIFORM CALIFORNIA AOD COUNSELOR CODE OF CONDUCT

Adopted May 2012

The current California Regulations governing registrants and certified alcohol and other drug (AOD) counselors require each certifying organization (CO) to develop a code of conduct which establishes “minimum” standards that are designed to safeguard the rights of clients in SUD programs and facilities. CO’s may impose more stringent standards that do not conflict with the standards contained within this Uniform Code of Conduct.

Principle 1:

Registrants and Certified AOD Counselors shall conduct themselves in an honest, forthright and professional manner. Registrants and Counselors are prohibited from engaging in the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions or duties of a registrant or counselor including but not limited to the following:

- a. Securing a registration, certification or renewal by fraud, deceit or misrepresentation on any application or material in support of any application for registration certification or renewal;
- b. Misrepresenting the type or status of registration or certification held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications or professional affiliations to any person, program or entity;
- c. Refusal or failure to provide proper identifying registration, credential, certification or license where appropriate or required (e.g., when offering or providing AOD counseling services, on business cards, on informational or marketing materials, etc.);
- d. Advertising, marketing or promoting programs, services, training, education or experience in a false and misleading manner, as set forth in Business and Professions Code sections 17200, et seq.

Principle 2:

Registrants and Certified AOD counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

- e. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- f. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;
- g. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;

Initial Here: CCQ

- h. Physically, verbally, sexually harassing, threatening or abusing other staff members, clients, patients, program participants, residents and/or other persons significant to any of the above;
- i. Unlawfully administering to himself or herself any controlled substance as defined in Section 4021 of the California Business and Professions Code (B&P), or using any of the dangerous drugs or devices specified in Section 4022 of the B&P, or using any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person holding or applying for a registration, certification or license or to any other person, or to the public.

Principle 3:

Registrants and Certified AOD counselors shall comply with all Federal and State Laws and Regulations that pertain to patient/client confidentiality, mandated reporting exceptions, record keeping requirements and patient/client records access. Registrants and Certified AOD counselors are prohibited from:

- a. Violating client/patient confidentiality except as required or permitted by law including, but not limited to, Title 42 Code of Federal Regulations Part 2, Child Abuse, Elder Abuse and Public Safety laws and Regulations;
- b. Failing to maintain records consistent with the nature of the services being rendered;
- c. Refusing or denying patient/client access to charts and records as required by law;
- d. Violating, attempting to violate or conspiring to violate any law or regulation governing AOD registrants, certified or licensed AOD counselor.

¹ California Code of Regulations (CCR) Title 9, Division 4, Chapter 8, Sections 13000, et seq., as enacted April 1, 2005.

² CCR Title 9, Div. 4, Chap. 8, Section 13060.

³ CCR Title 9, Div. 4, Chap. 8, Section 13060(f).

Initial Here: CCA



1026 W. El Norte Pkwy PMB 143 Escondido CA 92026
Phone: (800) 464-3597 Fax: (866) 621-2286
Email: info@cadtp.org Website: www.cadtpcounselors.org

CADTP CODE OF ETHICS

FOR REGISTERED AND CERTIFIED SUBSTANCE USE DISORDER COUNSELOR

Adopted: September 1, 2009

Revised: November 13, 2017

This Code of Ethics shall prohibit all CADTP registrants and certified alcohol and other drug (AOD) counselors from violating any of the standards contained in the Uniform California. Counselor Code of Conduct (May 2012), as well as the following Code of Ethics established by CADTP (May 1, 2012)

1. I shall comply with the Standard Uniform California AOD Counselor Code of Conduct and CADTP's Code of Ethics and any additional standards or code of ethics which have been duly adopted by any agency I am employed by, as long as such additional standards do not supersede or conflict with the Standard Uniform California AOD Counselor Code of Conduct and CADTP's Code of Ethics.
2. I understand this Code of Ethics shall prohibit me from securing a certification or registration by fraud, deceit, or misrepresentation on any application submitted by me to a certifying organization for certification or registration whether engaged in by an applicant for certification or registration or in support of any application for certification or registration.
3. I am prohibited from providing counseling services, attending any program services or activities, or being present on program premises while under the influence of any amount of alcohol or illicit drugs. As used in this subsection, "illicit drugs" means any substance defined as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except:
 - A. Drugs or medications prescribed by a physician or other person authorized to prescribe drugs in accordance with Section 4036, Chapter 9, Division 2, Business and Professions Code, and used in the dosage and frequency prescribed; or
 - B. Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.
4. Gross negligence or incompetence in the performance of alcohol and other drug counseling.
5. I am prohibited from discriminating against program participants, patients, residents, or other staff members based on race, religion, age, gender, disability, national ancestry, sexual orientation, or economic condition.

Initial Here: CCA

6. I shall make no misrepresentation as to the type or status of certification or registration held by me, or otherwise misrepresenting or permitting misrepresentation of my education, professional qualifications, or professional affiliations to any person or entity, and failure to state appropriate certification or licensure initials, numbers and/or level of registration or certification on business cards, brochures, websites, etc.
7. I acknowledge that I am prohibited from any impersonation of another counselor, registrant, or applicant for a certification or registration, or, in the case of a counselor, allowing any other person to use my certification or registration.
8. I will not aid or abet any uncertified or unregistered person to engage in conduct for which certification or registration is required.
9. I acknowledge that this Code of Ethics prohibits me from providing services beyond the scope of my registration or certification as an AOD counselor or my professional license, if the individual is a licensed counselor as defined in §13015 of the regulations. the individual is a licensed counselor as defined in §13015 of the regulations.
10. I shall not intentionally or recklessly cause physical or emotional harm to any client.
11. I will not initiate or perpetrate the commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a counselor or registrant.
12. I shall not engage in any form of sexual relationship with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of an alcohol and other drug counselor.
13. I shall not engage in a social or business relationship with clients, program participants, patients, or residents or other persons significant to them while they are in treatment and exploiting former clients, program participants, patients, or residents, and will refrain from engaging in any such relationship for a period of two years after their treatment or services have been concluded.
14. I shall not verbally, physically, or sexually harass, threaten, or abuse any program participant, patient, resident, their family members, other persons who are significant to them, or other staff members.
15. I shall protect any program participant's, any patient's, or any resident's right to confidentiality, and I shall not fail to maintain confidentiality, except as otherwise required or permitted by law, including but not limited to the Code of Federal Regulations, Title 42, Part 2, as well as any applicable "Notice of Privacy" regulatory requirements required by the Health Insurance Portability & Accountability Act of 1996 [HIPAA].

Initial Here: CCQ

16. I will not participate or engage in any form of advertising that in reasonable probability, will cause an ordinarily prudent person to misunderstand or be deceived; (ii) makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence; or (iii) make a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.
17. I will maintain and protect client and other confidential records consistent with sound professional judgment and within the standards of the AOD profession and the nature of services being rendered.
18. I will not willfully deny access to client records as otherwise provided by law.
19. I shall cooperate with complaint investigations and will respond to requests for information during complaint investigations as long as disclosure of such information does not violate the confidentiality requirements of Title 42 of the Code of Federal Regulations.
20. I understand that any act of gross negligence or incompetence in the performance of alcohol and other drug counseling on my part will result in appropriate sanctions [suspension or revocation] against my registration or certification.
21. I shall not attempt to provide counseling or education services, attend any other type of program activity or service, or be present on program premises while under the influence of any mood-altering substance.
22. I shall be responsible for completing the continuing education requirements for alcohol and other drug counselors prescribed in Title 9 of the California Code of Regulations and approved by CADTP and for providing proof of same as requested.

This Code of Conduct/ Code of Ethics may be amended or revised as needed. I understand and agree that it is my responsibility to inform CADTP, in writing, of any changes to my mailing address. CADTP will notify any registrants or certified counselors, in writing, via email and via CADTP's website within 60 days of any changes to the Code of Conduct/Code of Ethics.

Printed Name: Caroline Consuelo Andre

Signature: Caroline Andre

Date: _____

IMPORTANT NOTE: After you sign and date this document, please send the original to CADTP. Keep a copy for your records and have your employer, if any, place a copy in your personnel file.