


Applicant Registration

Your true legal name - matching your state identification

Name	Last	First	Middle Initial
Date of Application			
Home Address: Street Address <i>(please print if handwriting)</i>			
City	State	Zip	<i>(please print if handwriting)</i>
Work Address: Agency Name			
Street Address <i>(please print if handwriting)</i>			
City	State	Zip	<i>(please print if handwriting)</i>
Home Phone			
Work Phone			
Message Phone			
Email <i>(please print if handwriting)</i> <input type="checkbox"/> Please include me on the ACCBO Email list			
Last four digits of your Social Security Number (for legal purposes of verifying identity)			
Certification you are applying for CADC I, II, or III?			
Do you hold any other certifications, licensures? (LCSW, LPC, LMFT, RN, LPN, etc...)			
Make a photocopy of valid state identification and attach to this form.			

Check if paying by online by  (you do not need a PayPal account to pay)

Check one of the following:

_____ I am not recovering from chemical addiction, nor have I ever been diagnosed with a substance-related disorder

_____ I am recovering from chemical addiction

Statement of Alcohol & Drug Abstinence for those who are Recovering

I hereby attest that I have not used alcohol or illicit drugs (or have abused prescription medication) for the _____ years immediately preceding this application.

_____ applicant signature *(must be handwritten)*

_____ date

2 years minimum abstinence time required for CADC I
 3 years minimum abstinence time required for CADC II & III

Candidate Statement

I hereby apply for certification in Oregon as an Alcohol & Drug Counselor.

Initial here: _____ I understand that the application fee is non-refundable and that the \$220 Objective Examination Fee is non-refundable & non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Exam.

Initial here: _____ I understand that I must bring my "Eligibility Notice" to the examination site at the time of my National Exam.

Initial here: _____ Furthermore I attest that the information I have given in this application & all supporting documentation is correct and true. I give ACCBO permission to verify any statements given in any part of this application.

_____ applicant signature *(must be handwritten)*