

## Applicant Registration

Your true legal name - matching your state identification

|  |       |       |                |
|--|-------|-------|----------------|
| Name   | Last  | First | Middle Initial |
| Date of Application  |       |       |                |
| Home Address: Street Address (please print)  |       |       |                |
| City   | State | Zip   | (please print) |
| Work Address: Agency Name  |       |       |                |
| Street Address (please print)  |       |       |                |
| City   | State | Zip   | (please print) |
| Home Phone   |       |       |                |
| Work Phone   |       |       |                |
| Message Phone  |       |       |                |
| Personal Email (do not write in cursive - please print)<br><input type="checkbox"/> Please include me on the MHACBO Email list |       |       |                |
| Business Email (do not write in cursive - please print)<br><input type="checkbox"/> Please include me on the MHACBO Email list |       |       |                |
| Certification you are applying for CADC I, II, or III?   |       |       |                |
| Do you hold any other certifications, licensures?<br>(LCSW, LPC, LMFT, RN, LPN, etc...)  |       |       |                |
| Highest Level of Education Completed (HS Diploma, GED, college degree)   |       |       |                |

## Statement of Alcohol & Drug 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

## 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*

\_\_\_\_\_  
*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 MHACBO permission to verify any statements given in any part of this application.

\_\_\_\_\_  
*applicant signature*

**Make a photocopy of valid state identification and attach to this form.**

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