

CCAPP – CTE RENEWAL APPLICATION

RENEWAL APPLICATION: CERTIFIED ALCOHOL/DRUG TREATMENT EXECUTIVE (CTE)

Recertification is required every two years.

CHECK LIST:

Any document which must be submitted in a sealed envelope may not be tampered with. (CAAPP retains the right to verify the legitimacy of the document with the entity/person who signed it.)

- Renewal Application** *(be sure that it is complete and legible.)*
- Consent-to-Release** *(Must be signed and dated within 60 days of submission to the office.)*
- Code-of-Conduct** *(Must be signed and dated within 60 days of submission to the office.)*
- Continuing Education: Verification or certificate of completion of Executive Skills course(s), minimum of 6 hours every two years, must be an CCAPP approved provider or CCAPP Education Institute and must be on the eight areas of subject of the original courses.**
- Liability Insurance Certificate** *(Must be current and have a minimum of \$1.3 Million per incident)*
- Required fees** *(see fee schedule below.)*

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FEES:

All fees must be submitted with the required documentation. Note all fees are non-refundable and are subject to change without notice. Returned checks will be assessed a fee of \$30.00 and declined credit cards will be assessed a fee of \$30.00.

	<u>*CCAPP Full Member Discount</u>	<u>Non-Member</u>
CTE Manual/Application Processing	\$150.00	\$275.00
Must be paid when portfolio is submitted		

Important Notes:

The CTE does not qualify as membership. If you wish to receive the membership discount, you will need become a CCAPP member. You may visit www.ccapp.us to apply for membership.

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Please print or type

1. Name: Last _____ First _____ Middle Initial _____

2. Home Address No. & Street City & State Zip Code:

3. Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Male: _____ Female: _____

5. Date of Birth: _____

6. Email Address: _____

7. Last four of Social Security #: _____

8. CCAPP Member: Yes No _____ Membership Number: _____

12. Education: **List all CTE specific Education.** (CEH Must be CCAPP approved provider or CCAPP Education Institute.)

School/Provider Name	Dates Attended	Degree/Diploma Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Have you ever been registered, certified or licensed in the human services field or alcohol/drug counseling field? (If yes, please indicate what certification or licensure body, the date(s) of certification or licensure and the status of the certification/licensure (i.e. expired, suspended, etc. Attach additional sheets if necessary)

14. Have you ever been convicted of a felony? _____
If yes, for what and when? (Attach Additional Pages if Necessary) _____

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AUTHORIZATION TO RELEASE INFORMATION

I understand that additional information may be necessary to continue the CCAPP certification process. I hereby authorize the release of my employment and/or personal reference information to any authorized representative of CCAPP. Further, I give consent for CCAPP to release information and/or my photo regarding my CCAPP status to prospective employers, members of the public, or State or County SUD Administrators or designees. I recognize there is no expiration date on this request.

Name (Please print): _____ Date: _____

Signature: _____

STATEMENT OF UNDERSTANDING

I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. It is my responsibility to turn in course descriptions for classes of programs that are not approved by CCAPP. The application/manual and processing fees become the property of CCAPP. *All fees are non-refundable.* I understand I must comply with the CCAPP CTE Code of Conduct, the Uniform Code of Conduct and all requirements contained herein along with all requirements of Department of Health Care Services Title 9 Regulations. This section of the regulations indicates minimum requirements for certification, the CCAPP CADC I, CADC II, LAADC, and LAADC-S far exceed the requirements of the regulation and thereby meet the requirements; the CTE is does not replace nor does it substitute for the aforementioned certifications or requirements. I have read and understand the processes as outlined in the Certification Handbook describing policies and procedures and other pertinent information about certification.

I understand and agree to cooperate with any requests of CCAPP with regard to processing this application; this includes submitting name changes, address changes, phone number changes, employer address changes (if applicable.)

I understand I do not have to be a member of CCAPP to become certified by CCAPP.

Signature: _____ Date: _____

Print Name: _____

MANUAL/APPLICATION PROCESSING FEES: \$150.00 CCAPP Members and \$275.00 Non-CCAPP members.

METHOD OF PAYMENT:

1. ___ Check ___ Money Order (Mail with fee to: **CCAPP** PO Box 214127, Sacramento, CA 95821)

2. ___ Visa ___ MasterCard ___ Amex ___ Discover (Mail to address above)

Card Number _____

Expiration Date _____ Total Amt \$ _____

Name as it appears on Card _____

Signature _____

Billing address for card _____

***DO NOT FAX, NO CERTIFICATION DOCUMENTS WILL BE ACCEPTED FAXED AND WILL BE SHREDDED UPON RECEIPT IN THE OFFICE. All fees must be submitted when submitting required documentation and fees paid to CCAPP are nonrefundable and are subject to change without notice. Returned checks will be assessed and additional \$30 fee and all Declined Credit Cards will be assessed an additional \$10.00 fee.**

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CTE Code of Conduct

The Certified Alcohol and Drug Treatment Executive will conduct themselves according to the following Code of Conduct.

The CTE agrees to:

1. Ensure that admission and referral criteria are developed and adhered to for every level of service I is provided;
2. Ensure the treatment services provided or supervised are offered to individually meet the physical, emotional, social and spiritual needs of the patient and family;
3. Uphold treatment services that enhance dignity and protect the human and legal rights of the patient and family;
4. Understand, abide and ensure those you supervise and who subscribe to the professional standards of their respective fields are met and that you/they provide proof of credential/certification;
5. Abide by your professional credentialing/certification/license requirements and respective Code of Conduct/Ethics;
6. Comply with California Department of Health Care Services (DHCS) SUD treatment requirements, code of conduct and (if any) audits or reviews from DHCS;
7. Abide by and ensure those you supervise know the fee structures as well as ensure fee structures are made available to the public and updated upon change;
8. Abide by non-discrimination standards, regulations and laws and assure those you supervise do the same. Hence, the CTE may not discriminate against any person for any services provided on the basis of race, creed, sex or national origin;
9. Provide and maintain an environment of dignity for staff, clients/patients throughout the treatment facility;
10. Provide an environment for the development of effective relationships and communications with related public and private agencies, associations and institutions;
11. Ensure the facility and the staff therein do not offer or take any financial rewards or gifts for patient referrals; nor any other forms of referral compensation or remuneration;
12. Not engage in deceptive or misleading advertising or marketing practices; the CTE will not exploit clients/patients or families for the purpose of promoting a program/facility;
13. Not exploit their clients'/patients' rights to privacy for the purpose of promoting or marketing their programs;
14. Ensure their clients'/patients identities are not be revealed by the program or its staff – neither in the form of photographic images, video images, media coverage, nor in marketing testimonials – at any time during the client/patient is in treatment or aftercare services.
15. Comply with the statement of understanding (herein) as well as the requirements of certification by the state of California Department of Health Care Services, if counseling for SUD. The CTE does not replace nor substitute the requirements for alcohol/drug counseling certification. The CTE is an additional (freestanding) credential.

Signature

Date

Printed Name