



CEU Provider Application

Check the provider categories applying for: (C) _____ (H) _____

This application is for: (check one) _____ Initial Application _____ **Renewal** *Previous Provider Number _____

Institution/Provider Name

Address City State Zip

(____) _____ (____) _____
Business Telephone Fax Number E-Mail

Street Address of Records Storage: City State Zip

(____) _____
Name of Records Keeper Telephone Number E-Mail

Application submitted by: Name Title Date

- The provider is a/an (check all that apply):** Government Agency Health Facility Individual
 Partnership Licensed DUI Program Private Educ. Inst. Private Practitioner
 University/College Other (Specify) _____

Application/Renewal Fees (Three (3) Year Duration):

- CADTP Organizational Member = \$150.00 Non-Member = \$250.00

I certify under penalty of perjury, under the laws of the state of California, that the foregoing is true and correct, and that I have read and will abide by the guidelines and instruction stated herein.

Signature: _____ Date: _____

For official use only:

Date Received: _____ Approved: _____

Declined _____ for _____

Signature: _____ Date: _____

Provider Number Assigned: _____ CEH's _____

Period of Approval: From _____ To _____



California Association of DUI Treatment Programs
 1026 W. El Notre Pkwy. PMB 143 Escondido CA 92026
 CADTP Organizational Membership ~ CADTP AOD Counselor Certification or Registration
 Phone: (800) 464-3597 Fax: (866) 621-2286
 Email: info@cadt.org Website: www.cadt.org
 Like us on Facebook and Follow us at @CADTP

