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**CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION
SWORN AFFIDAVIT – PROOF OF WORK EXPERIENCE**

NAME (full legal name):

Last First M.I.

MAILING ADDRESS (full legal address):

Street

City Province Postal Code

PHONE: Home: () _____ Work: () _____

Email: _____ Fax: () _____

My name is (full legal name): _____

I live in: _____

And I swear/affirm that the following is true:

I have been actively working in the substance abuse field for the past two years to date.

Sworn/affirmed by me: _____
(Signature)

Dated on: _____