



PO Box 408
Carp, ON K0A 1L0

Phone: 613-839-0020
Toll Free: 866-624-1911
Fax: 613-839-0050
Email: info@caccf.ca
Web: www.caccf.ca

APPLICATION FOR RECERTIFICATION

Please fill in this form before printing your application (use the tab key to navigate through document). Enter in "none" "no" or "n/a" in empty fields if not applicable. If filling in by hand PLEASE PRINT, Incomplete forms or forms with illegible hand writing will be returned to you for completion and re-submission. The CACCF will not be responsible for late submissions if this form is not submitted correctly.

Check the box(s) that apply to your recertification: Inactive Status (specify) _____

CCAC ICADC ICCDP ICCDPD ICCAC ICCS CCS ICPS

Recertification Date (expiry date on your certificate) _____ **NOTE: late fees will apply to late submissions**

NAME: Miss / Mrs. /Ms. /Mr./ Dr

HOME ADDRESS:

Street

City

Province

Telephone: _____

E-mail: _____

Postal Code

BUSINESS NAME:

BUSINESS ADDRESS:

Street

City

Province

TELEPHONE: _____

E-mail: _____

Postal Code

AMOUNT ENCLOSED: _____

** See table below for applicable taxes by province

PAYMENT METHOD: CHEQUE MONEY VISA MASTERCARD

Credit Card # _____ Expiry Date _____

Signature of Cardholder _____

Please send your payment with your application directly to:

CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION (CACCF)
75 Albert Street Suite 508, Ottawa, ON K1P 5E7

Province	Fee	Tax	Total	Province	Fee	Tax	Total
PE	71.43	HST @ 14% 10.00	\$81.43	NS	71.43	HST @ 15% 10.71	\$82.14
ON, NL, NB	71.43	HST @ 13% 9.29	\$80.72	(others)	71.43	GST @ 05% 3.57	\$75.00



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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: _____