The Certification Board, Inc &
The Foundation for Addiction and Behavioral Health Professionals, Inc.
1200 Tices Lane – Suite 104- East Brunswick, NJ 08816

LCADC/CADC Course Submission Form

Please be sure to attach corresponding disc to this form!

Approved Provider _____

Contact Person _____ Phone # _____

Dom. # i.e.; C101, etc.	Course Title	Instructor Name First/Last	Date of Course	Check here if this is a resubmission due to deferral	If it is a resubmission, the learning objectives revised	Previously Approved? List original approval number