

State Addiction Counselor Exam Prep Workshop

Workshop date desired: _____

Name: _____

Email: _____

Phone: _____

School attended: _____

Please indicate which exam you plan to take:

_____ ACCBC/CAADE exam

_____ CCAPP IC&RC exam

_____ CADPT IC&RC exam

After filling out this form please save it and email to: frintervention@gmail.com Be sure and submit your payment through PayPal in order to reserve a seat at the workshop. Any questions or problems please email at this address or call 562-461-9446.

Workshop is from 9:00 am to 1:00 p.m. 5230 Clark Ave., Lakewood, 90712. Parking and entrance in rear off Civic Center Way. When using GPS navigation put in 5230 Civic Center Way, Lakewood.