

ACADC - Certification Request Form

Institute Code: CAHBEI

Institute Requesting Cert.: Huntington Beach

**Supporting Info
Provided**

Item	Please Fill In Details Below	Yes	No
Last Name			
Middle Name			
First Name			
Street Address			
City			
State			
Zip			
SS Number			
290 Offender	(yes or no)		
Proof of 2080 Hrs	(yes or no)		
Proof of 160 Hrs	(yes or no)		
Proof of 155 Hrs	(yes or no)		
Signed Code of Ethics	(yes or no)		
Type Certification Earned			
Date Certification Awarded:			

Education Counselor Name: Dr. Robert Tucker, PhD., D.Min., MDAAC, M-RAS

Education Counselor sign: 

Please print, fill in yellow area using a black ink pen and fax the completed form to 714.908.3308