



The
Certification
Board, Inc.

The Certification Board, Inc.

1200 Tices Lane - Suite 206 - East Brunswick, NJ 08816

Fax: 732-249-1559

E-Mail: info@certbd.com - Website: www.certbd.com

LCADC / CADC

Request for Records Verification

NAME:

ADDRESS:

TOWN:

STATE:

ZIP:

SOCIAL SECURITY #

EMAIL:

PHONE:

1. Please note if you would like the results of any records, you must provide our office with the approximate date/year of completion.
2. This form must be mailed into our office along with an administrative fee of \$75.00 (check or money orders only – payable to The Certification Board). The form is to be mailed to:
1200 Tices Lane, Suite 206, East Brunswick, NJ 08816.
3. Please Note: The only documents acceptable for review will be original certificates of completion or official sealed transcripts. If you would like your documents returned to you, please include a **Self Addressed Stamped Envelope**.
4. All concerns must be addressed in writing. If you feel that perhaps we missed something, please supply our office with additional documentation: i.e.; Social Work I, does not supply us with enough information to make a judgment. Please supply us with a course description or narrative containing the learning objectives for that course. This will help with the review and shorten the review process time.
5. Requests will only be accepted by mail. Additional copies of this form can be downloaded from our website at www.certbd.com. *****Results will be mailed to DCA and applicant within 90 days.*****

“Please provide me with the following information. I hereby give authorization to The Certification Board, Inc. to release the above records to the Alcohol and Drug Committee of the Marriage and Family Board at the Division of Consumer Affairs.”

Sign Here

Date Here

Please check all that apply:

- Written Test Results
- CPM Test Results
- CADC Coursework Transcript

Please give the approximate date below:

Date Completed _____

Date Completed _____

Date Completed _____