



Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**INTERNATIONAL CERTIFIED CLINICAL ADDICTIONS COUNSELLOR  
(I.C.C.A.C.)  
APPLICATION CHECKLIST**

Please complete all the application material as listed below. The application must be typed or carefully printed, and **all requested information must be documented**. If your application does not meet the stated criteria you will be notified of deficiencies. If complete and accepted, you will be notified by mail.

Applicant's Name: \_\_\_\_\_

ICCAC Application

- Documentation of Work Experience (2,000 hours) -
- Please complete one (I) form for every position held up to the 2,000 hours
- Documentation of Formal Education:
- Documentation of Education Summary related to the IC&RC Performance Domains and
- Twelve core counselling Functions
- Documentation of Education: Specific Categories - (please complete one (1) for every category
- Documentation of Education: Other Related
- Supervised Practical Training (300 hours)
- Supervised Evaluation Form -
- Read & Sign Consent to Release Information -
- Read & Sign Code of Ethics Agreement -
- Case Presentation - (Please note: You are required to submit your case presentation as outlined in this manual)

Application Processing Fee: \$285.71 +tax

Enclosed is: Cheque \_\_\_ Money Order \_\_\_ Visa \_\_\_ MasterCard \_\_\_

Account # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_



Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

## International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

### APPLICATION FORM

*(All information must be typed or printed)*

#### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

#### Signature Requirement

I hereby certify that all of the information being submitted in this application is true and accurate and that I have read, signed, and subscribe to the attached Code of Ethics.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

By signing this document you have agreed to allow CACCF to transmit the information you have provided electronically.

*All applicable fees are for the processing of your portfolio application. Please attach a cheque, money order or credit card number (include expiry date) made payable to the Canadian Addiction Counsellors Certification Federation (CACCF). This is a **non-refundable** application processing fee. Please mail to: Canadian Addiction Counsellors Certification Federation, 75 Albert St., Suite 508 Ottawa ON K1P 5E7*



Canadian Addiction Counsellors Certification Federation

Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

## International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

### DOCUMENTATION OF WORK EXPERIENCE

#### Section I - Applicant Information *(all information must be typed or printed.)*

Name: \_\_\_\_\_

#### Section II - Program Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SUPERVISOR: Please complete and sign this form and return it to the applicant with a copy of the applicant's job description, for submission with his/her Certification Application.**

#### Section III - Documentation of Experience *(attach a copy of the applicant's job description on, or attached to, program letterhead).*

Applicant's position: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Total number of hours worked (average per week) \_\_\_\_\_ full or part time

#### Section IV - Required Signature

By signing below, I attest that the applicant named in Section I worked as an Addictions professional at this program providing counselling services.

\_\_\_\_\_  
Signature of supervisor or program director

\_\_\_\_\_  
Date

**SUPERVISOR: Please complete and sign form ICCAC\_6 and return it to the applicant sealed for submission with his/her Certification Application. CACCF appreciates your taking the time to assist with the certification process.**

**International Certified Clinical Addiction Counsellors are required to have 2,000 hours of full or part-time experience counselling clients with alcohol or other drug addictions.**



Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C)  
DOCUMENTATION OF FORMAL EDUCATION**

PLEASE INCLUDE PHOTOCOPIES OF ALL TRANSCRIPTS, DEGREES, DIPLOMAS, AND/OR CERTIFICATES. If the program has not formally been reviewed by CACCF, with the last two (2) year period please include an outline with description of all courses completed.

**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

---

**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

---

**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

---

**FORMAL EDUCATION**

NAME OF SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_

DEGREE/DIPLOMA/CERTIFICATE EARNED: \_\_\_\_\_

---



Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C.)  
EDUCATION CHECKLIST  
SUMMARY**

**Section I - Applicant Information**

Name \_\_\_\_\_

**Section II - Education Event Information**

**International Certified Clinical Addictions Counsellor - 180 total hours**

Complete the education documentation form(s) for courses attended. Only the minimum standard needs to be documented. **The education requirement is a total of 180 hours.**

\_\_\_\_\_ contact hours *Concurrent Disorders (30 hours min.)*

\_\_\_\_\_ contact hours *Counselling (12 hours min.)*

\_\_\_\_\_ contact hours *Pharmacology (12 hours min.)*

\_\_\_\_\_ contact hours *Research Design, Analysis & Utilization (12 hours min.)*

\_\_\_\_\_ contact hours *Assessment and Treatment Planning (12 hours min.)*

\_\_\_\_\_ contact hours *Professional, Legal and Ethical Responsibility (12 hours min.)*

\_\_\_\_\_ contact hours *Cultural Awareness (6 hours min.)*

\_\_\_\_\_ contact hours *Case Management (6 hours min.)*

\_\_\_\_\_ contact hours *HIV/Communicable Diseases (6 hours min.)*

\_\_\_\_\_ contact hours *Dealing with the Criminal Justice Client (6 hours min.)*

\_\_\_\_\_ contact hours *Client, Family and Community Education (6 hours min.)*

\_\_\_\_\_ contact hours *Client Supervision (6 hours min.)*

\_\_\_\_\_ contact hours specific or related to the *IC&RC/AODA Advanced Performance Domains (54 hours minimum)*

\_\_\_\_\_ **Total Hours**



**Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

## International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

### DOCUMENTATION OF SPECIFIC EDUCATION

Document each training course, and contact hours using this format. Attach certificates of completion or other documentation verifying attendance at the below listed educational events. (Only document the minimum standard). **Please note: If these courses were not taken as part of a formerly documented diploma or degree please provide CACCF with proof of completion including transcripts.**

Applicants Name: \_\_\_\_\_

Name of Course	Course Provider	Hours attended	Dates Attended
<i>Concurrent Disorders</i>	_____	_____	_____
<i>Counselling</i>	_____	_____	_____
<i>Pharmacology</i>	_____	_____	_____
<i>Research Design, Analysis &amp; Utilization</i>	_____	_____	_____
<i>Assessment and Treatment Planning</i>	_____	_____	_____
<i>Professional, Legal and Ethical Responsibility</i>	_____	_____	_____
<i>Cultural Awareness</i>	_____	_____	_____
<i>Case Management</i>	_____	_____	_____
<i>HIV/Communicable Diseases</i>	_____	_____	_____
<i>Dealing with the Criminal Justice Client</i>	_____	_____	_____
<i>Client, Family and Community Education</i>	_____	_____	_____
<i>Client Supervision</i>	_____	_____	_____
<i>Other contact hours specific to Advanced performance domains</i>	_____	_____	_____





Canadian Addiction Counsellors Certification Federation

Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

## International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

### DOCUMENTATION OF SUPERVISED CLINICAL TRAINING

(300 Hours Total - Minimum of 10 hours in each of the Twelve Core Functions)

Please ask each supervisor named in this document to complete form ICAAC-6

Twelve Core Functions	Number of Hours	Supervisor's Name/Phone/Email
Client Screening		
Client Intake		
Client Orientation		
Treatment Planning		
Client Assessment		
Counselling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports & Record Keeping		
Consultations with Other Professionals		
<b><u>Total Supervised Clinical Training Hours:</u></b>		





Canadian Addiction Counsellors Certification Federation

Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

SUPERVISOR'S EVALUATION FORM

APPLICANT'S NAME: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PROFESSIONAL QUALIFICATIONS: \_\_\_\_\_

BUSINESS NAME&ADDRESS: \_\_\_\_\_

Number and Street City Province Postal

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

SUPERVISORS PLEASE NOTE:

On the basis of your supervision of this candidate, rate his/her skill using the Likert Scale in each area below. Circle the appropriate number:

Likert Scale: 1 equals poor, 3 equals average, 5 equals exceptional

Area of Skill

Screening:

- 12345 1. Evaluates the physiological, psychological, and social signs and symptoms of alcohol/drug use/abuse.
12345 2. Determines the client's appropriateness for admission or referral.
12345 3. Determines the client's eligibility for admission or referral.
12345 4. Identifies coexisting conditions that indicate the need for additional assessment or service.
12345 5. Adheres to applicable laws, regulations and agency policies governing alcohol/drug abuse services.

Intake:

- 12345 1. Completes required documents for admission to the program.
12345 2. Completes required documents for program eligibility and appropriateness.
12345 3. Obtains appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

Orientation:

- 12345 1. Provides an overview to the client by describing program goals and objectives for client care.
12345 2. Provides an overview to the client by describing program rules, and client obligations and rights.
12345 3. Provides an overview to the client of program operations.



**Canadian Addiction Counsellors Certification Federation**  
**Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**Assessment:**

- 1 2 3 4 5 1. Gathers relevant history including but not limited to alcohol/drug using appropriate interview techniques.
- 1 2 3 4 5 2 Obtain corroborative information from significant secondary sources regarding client's alcohol/drug abuse and psycho-social history.
- 1 2 3 4 5 3 Understands and appropriately uses a variety of assessment tools.
- 1 2 3 4 5 4. Explains to the client the rationale for the use of assessment techniques in order to facilitate understanding.
- 1 2 3 4 5 5 Develops a diagnostic evaluation of the client's substance abuse and coexisting conditions based on the results of assessments to provide an integrated approach to treatment planning based on the results of all assessments to provide integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems, and needs.

**Treatment Planning:**

- 1 2 3 4 5 1. Explains assessment results to client in an understanding manner.
- 1 2 3 4 5 2 Identifies and ranks problems based on individual client needs in the written treatment plan.
- 1 2 3 4 5 3 Formulates agreed upon immediate and long-term goals using behavioural terms in the written treatment plan.
- 1 2 3 4 5 4 Identifies the treatment methods and resources to be utilized as appropriate for the individual client.

**Counselling:**

- 1 2 3 4 5 1. Selects appropriate counselling theories and methods.
- 1 2 3 4 5 2 Uses appropriate techniques to assist the client, group, or family in exploring problems and ramifications.
- 1 2 3 4 5 3 Uses appropriate techniques to assist the client, group or family in examining the client's behaviour, attitudes, and feeling.
- 1 2 3 4 5 4 Individualizes counselling in accordance with cultural, gender, and lifestyle differences.
- 1 2 3 4 5 5 Interacts with the client in an appropriate therapeutic manner.
- 1 2 3 4 5 6 Elicits solutions and decisions from the client.
- 1 2 3 4 5 7. Implement and revise the treatment plan.

**Case Management:**

- 1 2 3 4 5 1. Explains the rationale of case management activities to the client.
- 1 2 3 4 5 2 Coordinates the services for client care.

**Crisis Intervention:**

- 1 2 3 4 5 1. Recognizes the elements of the client crisis.
- 1 2 3 4 5 2 Implements an immediate course of action appropriate to the crisis.
- 1 2 3 4 5 3 Enhances overall treatment by utilizing crisis events.

**Client Education:**

- 1 2 3 4 5 1. Presents relevant alcohol/drug information to the client through formal/informal processes.
- 1 2 3 4 5 2 Presents information about available alcohol/drug services and resources.



**Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**Referral:**

- 12345 1. Identifies the client needs/problems that the agency/counsellor cannot meet.
- 12345 2. Explains the rationale for the referral to the client.
- 12345 3. Matches client needs/problems to appropriate resources.
- 12345 4. Adheres to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
- 12345 5. Assists the client in utilizing the support systems and community resources available.

**Report and Record Keeping:**

- 12345 1. Prepares reports and relevant records integrating available information to facilitate the continuum of care.
- 12345 2. Charts pertinent ongoing information pertaining to the client.
- 12345 3. Utilizes relevant information from written documents for client care.

**Consultation with Other Professionals:**

- 12345 1. Recognizes issues that are beyond the counsellor's base of knowledge and/or skill.
- 12345 2. Consults with appropriate resources to ensure the provision of effective treatment services.
- 12345 3. Adheres to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
- 12345 4. Explains the rationale for the consultation to the client, if appropriate.

Your general remarks are welcomed, if you wish to write any.

---

---

---

---

---

---

---

---

I hereby certify that all of the above answers are based on my supervision of this candidate, and are an honest appraisal of the candidate's knowledge and skill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Canadian Addiction Counsellors Certification Federation appreciates your input in assessing this candidate. If need for further clarification, we would appreciate being able to contact you.

**ALL REFERENCES ARE TO BE RETURNED TO APPLICANT IN A SEALED ENVELOPE.  
APPLICANT IS RESPONSIBLE TO SUBMIT REFERENCES WITH COMPLETE PORTFOLIO APPLICATION.**



**Canadian Addiction Counsellors Certification Federation**

**Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C.)**

**CONSENT TO RELEASE INFORMATION TO  
THE CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION  
(hereafter called "CACCF")**

1. I have presented full information concerning education, certification, accreditation, experience, special skills and certificates, as well as any disclosure of any unfavorable history with regard to prior employment.
2. You are requested and permitted to seek from my present employer, or any prior employer/institution/agency/person with which I have been associated, information concerning my professional competence and ethical character, including my knowledge or information as to whether my membership status of professional privileges have ever been suspended, revoked, reduced or not renewed at any other agency or institution.
3. I hereby authorize the CACCF to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.
4. I hereby consent to CACCF inspection of all records and documents that may be material to the requested certification.
5. I hereby consent to allow CACCF to share the information I have provided with its reviewers/affiliates. I agree to allow this information to be transported electronically.
6. I hereby release from any liability all representatives of the CACCF for acts, performed in good faith and without malice, concerning the evaluation of my credentials.
7. I hereby release from any liability all individuals and organizations who provide information to the CACCF in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.
8. I understand that any misrepresentation, deliberately erroneous information or omission of significant information relevant to my qualifications and competence for certification, now or in the future, will result in negative action by the CACCF, which may include denial of certification, suspension or revocation of certification or legal action.

NAME OF APPLICANT (print): \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_



Canadian Addiction Counsellors Certification Federation

Fédération Canadienne D'agrément des Conseillers en Toxicomanie

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

## International Certified Clinical Addictions Counsellor (I.C.C.A.C.)

### CODE OF ETHICS AGREEMENT

#### CANADIAN ADDICTION COUNSELLORS CERTIFICATION FEDERATION CANON OF ETHICAL PRINCIPLES

As an International Certified Clinical Addictions Counsellor (I.C.C.A.C.), I must:

1. Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society.
2. Recognize the right of humane treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly.
3. Promote and assist in the recovery and return to society of every person served, endeavoring to provide the highest feasible quality of care.
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interest.
5. Adhere strictly to established precepts of confidentiality in all knowledge, records, and materials concerning persons served, also according with any current government regulations.
6. Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery.
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors, and related professionals.
8. Respect institutional policies and procedures and co-operate with any agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics.
9. Contribute my ideas and findings regarding alcoholism, and other drug addiction, and their treatment and recovery, to any body of knowledge, through appropriate channels.
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood-altering chemicals, where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of law.
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competency gained in one field of activity must not be used improperly to imply competency in another.
12. Regularly evaluate my own strengths, limitations, biases or levels of effectiveness, always striving for self-improvement and seeking professional development by means of further education and training.

I hereby certify that all of the enclosed application material is, to the best of my knowledge, true. I have read, and I subscribe to, the Canon of Ethical Principles, of the Canadian Addiction Counsellors Certification Federation. I agree to surrender my certificate, if necessary, for violations of the professional code of conduct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C.)  
CASE PRESENTATION METHOD**

CASE PRESENTATION BY  
(Please Print)

COUNSELLOR'S NAME: \_\_\_\_\_

COUNSELLOR'S STATEMENT

**"I HEREBY CERTIFY THAT I PREPARED THIS CASE PRESENTATION, AND THAT IT REPRESENTS AN ACTUAL CASE OF MINE."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S STATEMENT**

**"I HEREBY CERTIFY THAT I HAVE READ THIS CASE PRESENTATION, THAT IT REPRESENTS AN ACTUAL CASE OF THE CANDIDATE, AND THAT, TO THE BEST OF MY KNOWLEDGE, IT WAS PREPARED BY THE CANDIDATE."**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Canadian Addiction Counsellors Certification Federation  
Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: info@caccf.ca Web: www.caccf.ca

**International Certified Clinical Addictions Counsellor (I.C.C.A.C.)  
CASE PRESENTATION METHOD**

**DEMOGRAPHIC INFORMATION ON CLIENT**

FICTIONAL NAME: \_\_\_\_\_

AGE AT ADMISSION: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

EMPLOYMENT STATUS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

CURRENT LEGAL STATUS: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

TREATMENT SETTING MODALITY: \_\_\_\_\_



**Canadian Addiction Counsellors Certification Federation**

**Fédération Canadienne D'agrément des Conseillers en Toxicomanie**

PO Box 408 Carp ON K0A 1L0 Phone: 1-866-624-1911 Fax: 1-613-839-0050 Email: [info@caccf.ca](mailto:info@caccf.ca) Web:

[www.caccf.ca](http://www.caccf.ca)