

**Addictive Disorder Regulatory Authority  
(ADRA)**

**Application for Addiction Treatment Assistant (ATA)**

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Must be at least sixteen years old  
(State drivers license or other picture ID must be attached)

(or other proof of legal residence)

Employer: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_ Home \_\_\_\_\_ Work

I here by attest that I am not in violation of any ethical standards, have not been convicted of a felony crime and have not abused alcohol, drugs or been a compulsive gambler in the past six (6) months.

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

Also attach:

- Copy of driver's license or photo I.D.
- Original State Background Check (see "Right to Review Procedures" attached)
- Documentation of six (6) hours of training in professional ethics.
- Documentation of training in confidentiality, first aid and CPR.
- Signed code of ethics.
- Cashiers check or money order for \$ 25.00 made payable to ADRA

If there is a felony arrest or conviction, please attach a letter of explanation and a request for wavier.

You will also need three (3) letters of recommendation from professionals working in the field of addiction treatment. One of these should be from your supervisor. Please have the letters sent directly to the ADRA and not returned to you for mailing. We recommend that you provide the forms to these individuals with a stamped envelope pre addressed to the:

ADRA – Registration  
628 North Fourth Street  
Baton Rouge, LA 70802

## **Right to Review Procedures:**

### **To receive a Certified Copy of your State Background Check**

#### **BY MAIL:**

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at [lsp.org](http://lsp.org) under “Forms and Applications”
2. Include a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Include a current original fingerprint card (not previously processed) on a FBI Applicant Fingerprint Card taken by a local law enforcement agency and bearing your name, race, sex, date of birth, social security number, place of birth, reason fingerprinted (should state: “Right to Review”) and residence of applicant (address). Contact local law enforcement agencies to determine the fee that may be required for fingerprinting.
4. Mail Authorization form, Rap Disclosure form, fee and fingerprints to: Louisiana State Police

Bureau of Criminal Identification and Information  
P.O. Box 66614, Mail Slip A-6,  
Baton Rouge, LA 70896.

5. Individual will receive a certified copy of their Criminal History Rapsheet by mail. This process takes approx 14-21 days from time of receipt.

#### **WALK IN:**

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at [lsp.org](http://lsp.org) under “Forms and Applications”
2. Bring a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Bring a \$10 fingerprinting fee in the form a money order, cashier’s check or business check made payable to Department of Public safety. Fingerprints will be scanned electronically and submitted while individual waits.

**\*\*\* THESE ARE TWO SEPARATE FEES \*\*\***

4. Individual will receive a certified copy of their Criminal History Rapsheet before they leave. This process takes approx 20 min from the time an individual is fingerprinted.
5. Our building is location at:

7919 Independence Blvd  
Baton Rouge, La 70806

Hours of operation are 8:00 am to 4:00 pm Monday thru Friday.