

**Addictive Disorder Regulatory Authority
(ADRA)**

Application for Renewal of Addiction Treatment Assistant

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. (if not already on file)
- Original State Background Check (see "Right to Review Procedures" attached)
- Documentation of six (6) hours of training in professional ethics.
- Documentation of current training in confidentiality, first aid and CPR.
- Signed code of ethics.
- Cashiers check or money order for \$ 25.00 made payable to ADRA

Mail application and payment to:

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 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 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.