

**Addictive Disorder Regulatory Authority
(ADRA)**

**APPLICATION FOR CERTIFICATION
(CCGC)**

PERSONAL DATA

NAME: _____ **Date:** _____

Address: _____

City, State: _____ **Zip:** _____

Home Phone: (_____) _____ - _____ **E-mail Address:** _____

EMPLOYER: _____

Position: _____

Address: _____

City, State: _____ **Zip:** _____

Work Phone: (_____) _____ - _____

Supervisor: _____

Preferred Mailing Address: _____ Home _____ Work

Sex: _____ Male _____ Female **Handicapped:** _____ No _____ Yes (attach description)

Race: _____ Native American _____ Asian _____ Black _____ Caucasian _____ Hispanic _____ Other _____

Soc. Sec. #: _____ - _____ - _____ **Date of Birth:** _____ **Age:** _____

Citizenship: _____ **Place of Birth:** _____

Have you ever been officially censured by any professional organization for violation of any ethical standards?

_____ No _____ Yes (attach details)

Are you in recovery? _____ No _____ Yes, my sobriety date is: _____, years: _____

Have you ever been convicted of a felony? _____ No _____ Yes, attach details

Other Licenses and Certifications (Agency, Number, and Expiration Date):

I agree to keep the above information current and notify the ADRA of any changes, and I understand that failure to do so is an ethical violation.

Signature: _____ **Date:** _____