

**Addictive Disorders Regulatory Authority
(ADRA)**

Renewal for Certified Clinical Supervisor (CCS)

Date: _____

NAME: _____ **CCS #:** _____

Address: _____

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

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

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

EMPLOYER: _____

Position: _____

Address: _____

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

Work Phone: (_____) _____ - _____

Supervisor: _____

Preferred Mailing Address: ____ Home ____ Work

Number of CIT's supervised in preceding year: _____

Number of AEP's reviewed in preceding year: _____

Number of ATI's reviewed in preceding year: _____

Number of AIHE's reviewed in preceding year: _____

I hereby request that my designation as Certified Clinical Supervisor be renewed. I pledge to continue to abide by the Rules and Regulations of the ADRA. I remain responsible for bi-annual renewal of my certification. I submit the following documentation:

1. Copy of current valid LAC, CAC, RAC or other appropriate license.
2. Copies of transcripts or certificates showing forty-eight (48) hours of continuing education in addiction counseling, including at least eight (8) clock hours of education in clinical supervision and six (6) hours in ethics over the past two (2) years.

I agree to keep the above information current and notify the ADRA immediately of any changes in supervision of the CIT's I am supervising. I also understand that failure to do so is an ethical violation.

Signature: _____ **Date:** _____

Cashiers Check or Money order for \$ 50.00 made payable to the ADRA

**Mail This Form & payment to:
ADRA – Registration
628 North Fourth Street
Baton Rouge, LA 70802**

**Addictive Disorder Regulatory Authority
(ADRA)**

QUALITY ASSURANCE REVIEW

Please read the following questions, circle your answers, and return the questionnaire with your renewal request.

1. During my contact with the ADRA, I found that all my needs were met in a timely, professional manner.
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

2. Information received from the ADRA was clear and reliable.
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

3. The ADRA's Administrative Staff was helpful and polite.
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

4. All instructions given by ADRA are clear, easy to read, and understandable.
 - A. Strongly Agree
 - B. Agree
 - C. Disagree
 - D. Strongly Disagree

5. Please write any comment about the ADRA here. _____
