

**Addictive Disorder Regulatory Authority  
(ADRA)**

**APPLICATION FOR AEP**

**Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Supervisor of Educational Programs:** \_\_\_\_\_

**Supervisor's Credentials:** LAC, CAC or RAC #: \_\_\_\_\_ CCS #: \_\_\_\_\_ Other: \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

On behalf of the above organization, I hereby register with the ADRA and request designation as an Approved Educational Provider. In support of this request I submit the following documentation:

- \_\_\_\_\_ Qualifications of the appointed Supervisor of Educational Programs
- \_\_\_\_\_ Statement signed by an authorized officer
- \_\_\_\_\_ Sample of proposed Certificate of Completion
- \_\_\_\_\_ Sample of course file for two (2) typical courses
- \_\_\_\_\_ Summary Statement of CQI Program
- \_\_\_\_\_ Policy Statements on non-compliance, refunds, cancellation, and partial credit

**As authorized agent of the organization, I certify the following statements:**

We agree to (1) provide a suitable certificate of completion for each person satisfactorily completing each course, (2) file the required course report with the office of the ADRA within 10 days of completion for each course including paying the filing fee, (3) provide board approved credit only for courses which meet the stated standards and to keep a file for each course, (4) notify the board and each person who attended should a course not meet the stated standards, (5) submit to an annual audit of the AEP program by a Certified Clinical Supervisor, and (6) an audit or review of any or all AEP program records at any time by the ADRA. We pledge to comply with the requirements of the ADRA, and recognize that failure to do so may result in forfeiture of the AEP designation. We understand and acknowledge that registration as an AEP shall be renewed annually. We have received a copy of the Requirements for AEP. We agree to notify the ADRA of any change in the appointment of a qualified person as Supervisor of Education Programs. We understand that submitting an application in itself does not guarantee granting of the AEP designation.

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

**Type or Print Name:** \_\_\_\_\_

**Application fee of \$ 250.00 made payable to ADRA**

**Mail This Form and Check to:  
ADRA – Registration  
628 North Fourth Street  
Baton Rouge, LA. 70802**

## **INSTRUCTIONS FOR AEP COURSE REPORT**

Every Approved Educational Provider shall file a course report within 10 days of completion of each course.

1. Enter the required information on the appropriate form: date form is filled out, organization's name, AEP #, mailing address, course #, date or dates of the course, location, title, and instructor.
2. Enter the number of Certificates of Completion issued.
3. Prepare one original copy of the certificate of completion with "Sample" as the counselor's name and "xxx" as the LAC, CAC, RAC, CCGC, CCS, PSIT, RP, ATA or CIT number. All other information shall be as on all certificates for this course, including the signature(s).
4. Submit the attendance list on the appropriate form.
5. Submit a copy of the flier or brochure used to advertise the course to the public.
6. Enter your name, sign, and date the form.
7. Mail the form, sample certificate, attendance list, flier or brochure, to the office of the ADRA
8. Registration fee of \$ 250.00 made payable to ADRA

**Addictive Disorder Regulatory Authority  
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**AEP COURSE REPORT**

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

**Organization:** \_\_\_\_\_ **AEP #:** \_\_\_\_\_

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

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

**Course #:** \_\_\_\_\_ **Date(s) of Course:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Number of persons awarded Certificates of Completion:** \_\_\_\_\_

Attach:

1. Sample of Certificate of Completion for this course.
2. Attendance List
3. Flier or brochure advertising course to the public.

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

**Type or Print Name:** \_\_\_\_\_

**\$ 1.00 per participant minimum \$ 5.00**

**Mail This Form and Check to:  
ADRA - Education  
8738 Quarters Lake Rd  
Baton Rouge, LA 70809**

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**AEP COURSE ATTENDANCE LIST**

**AEP#:** \_\_\_\_\_

**COURSE #:** \_\_\_\_\_

Certified or Registered  
LAC, CAC, RAC,  
CCS, CPS, ATA, RP,  
CIT PSIT

#	Name	Hours
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____