

**Addictive Disorder Regulatory Authority
(ADRA)**

RENEWAL OF REGISTRATION AS AEP

Date: _____

Organization: _____ **AEP #:** _____

Address: _____

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

Supervisor of Educational Programs: _____

Supervisor's Credentials: LAC, CAC, RAC #: _____ CCS#: _____ Other: _____

Phone: (_____) _____ - _____

Date of first AEP registration: _____

On behalf of the above organization, I hereby request that the designation as an Approved Educational Provider be renewed. In support of this request I submit a copy of the required annual audit of the AEP program conducted by a Certified Clinical Supervisor.

As authorized agent of the organization, I certify the following statements: We are aware of no unresolved complaints concerning our AEP program. We acknowledge that we continue to be responsible for annual renewal of this registration. We agree to notify the ADRA of any change in the appointment of a qualified person as Supervisor of Educational Programs.

Signature: _____ **Date:** _____

Type or Print Name: _____

Renewal fee of \$ 250.00 made payable to ADRA

**Please mail renewal and payment to:
ADRA
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 is 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. _____

Addictive Disorder Regulatory Authority (ADRA)

APPROVED EDUCATIONAL PROVIDER (AEP) AUDIT REPORT

Date: _____

Name of CCS: _____ CCS #: _____

AUDIT OF: _____ AEP #: _____

A review of each record was conducted and revealed between the dates of _____ and _____

NAME OF AEP: _____ provided _____ (number of courses)

The records were (well documented and clearly focused on one or more of the twelve core functions of Substance Abuse Counseling as is required by the ADRA) The instructors responsible for teaching the workshops included:

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

If provided by other credentialed professional indicate discipline and license number.

I have included in my report a list of all the seminars I was able to audit. (Synopsis of findings)

Summary: A total of _____ workshops were given by AEP # _____. Records were audited according to the standards set forth by ADRA and licensing guidelines for Approved Educational Providers.

It is my professional opinion, based on the above information, that they be **Approved or Denied** the issuance of the renewal of their AEP to continue their services.

Recommendations for next year: _____

Signature: _____ Date: _____

Attached is a list of classes that were audited.

