

**Addictive Disorders Regulatory Authority
(ADRA)**

RENEWAL OF REGISTRATION AS AIHE

Date: _____

Institution: _____ **AIHE #:** _____

Address: _____

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

Curriculum Consultant: _____

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

Phone: (_____) _____ - _____

Date of first AIHE registration: _____

On behalf of the above institution, I hereby request that the designation as an Approved Institution of Higher Education be renewed. In support of this request I submit a copy of the required annual audit of the AIHE program conducted by a Certified Clinical Supervisor (CCS). As authorized agent of the institution, I certify the following statements:

- We are aware of no unresolved complaints concerning our AIHE program.
- We acknowledge that we continue to be responsible for annual renewal of this registration.
- We agree to notify the ARDA of any change in the appointment of a qualified person as Curriculum Consultant.

Signature: _____ **Date:** _____

Type or Print Name: _____

Renewal fee of \$ 250.00 made payable to ADRA

Mail This Form and payment to:

**ADRA - Registration
628 North Fourth Street
Baton Rouge, LA 70802**

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 give by the ADRA material 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. _____
