

Addictive Disorders Regulatory Authority (ADRA)

APPLICATION FOR PRE/POST-APPROVAL OF CONTINUING EDUCATION LPP, CPP or RPP

Name: _____ Date: _____

Address: _____

City State: _____ Zip: _____

Phone Number: (_____) _____ - _____

SUMMARY: Prevention professionals may earn 100% of Continuing Education Contact Hours via the “Pre” or “Post” approval process. This process allows CPS’s to acquire credit for education that was not submitted for pre-approval by the education providers. The education must meet the same criteria of pre-approved educational providers and training.

WHEN TO APPLY: Applications may be submitted to the ADRA anytime during the 2 year re-certification period.

HOW TO APPLY:

1. Complete this form.
2. Complete a Pre/Post-Approval Education form for each workshop you plan to attend or have attended that was not submitted for pre-approval by the education provider.

HOW MANY CAN BE SUBMITTED: You may submit multiple workshops for Pre/Post Approval at one time. There is no limit on how many times you may apply for Pre/Post Approval during the 2 year recertification period.

INCLUDE: Include the information listed below for Pre-Approval Education Form submitted:

- Brochure on the workshop you plan to attend
- Schedule/Agenda
- Qualification of facilitator(s)/instructor(s)
- Any additional information that you may have received pertaining to the workshop.

Also include the information listed below for Post-Approval Education Form submitted:

- Proof of attendance (Certificate, copy of canceled check, etc.)
- Content outline demonstrating that the education was related to prevention
- Qualifications of facilitator(s)/instructor(s)
- Schedule/agenda (show actual hours of education and breaks)
- Additional information that shows relevance of education to prevention
- Copies of promotional materials, handouts, notes, etc.

PRE/POST-APPROVAL TRAINING FORM (CPS)

Complete one form for each education workshop. Prevention Professionals are responsible for submitting sufficient details about the education to enable the ADRA to determine its relevance to addiction counseling.

Name of CPS: _____

Title of Education: _____

Date(s) of Education: _____

Agenda/Schedule:

- Attach actual schedule showing actual time(s) education took place. (Show breaks, lunch, etc.)
- Instructor(s): Attach brief outline of how each Instructor(s)/Facilitator(s) is qualified to deliver this education.
- Description: What will be/what were the:

Learning objectives: _____

Method of instruction: _____

Note: THE ADRA has the final decision on the relevance of the education to substance abuse

Hour(s) and Content Area(s): Indicate the number of hours obtained from the workshop categorized by the relevant content area(s). Continuing Education Contact Hours may be earned in 30-minute increments after the first full hour of education.

Hour(s) Performance Domains for CPS's

- _____ 1. Program Coordination
- _____ 2. Education and Training
- _____ 3. Community Organization
- _____ 4. Public Policy
- _____ 5. Planning and Evaluation
- _____ 6. Professional Responsibility

**Mail this application and the Pre/Post Approval Education Form(s) to:
ADRA
628 North Fourth Street
Baton Rouge, LA 70802**

For office use only:

Received: _____ Check #: _____ Reviewed: _____ Mailed: _____

ADRA

- _____ 1. PRE/POST education APPROVED, copy attached.
- _____ 2. PRE/POST education NOT APPROVED – took place prior to _____.
- _____ 3. PRE/POST education NOT APPROVED – is not applicable to addiction counseling.
- _____ 4. PRE/POST education NOT APPROVED – is less than the minimum allowed.
[CPS's may earn Continuing Education Contact Hours in increments of .5 hours after the first full hour.]
- _____ 5. PRE/POST education NOT APPROVED, please submit description of relevance to addiction counseling.
- _____ 6. OTHER: _____

Please address any questions to the ADRA at (225) 342-8941