

Addictive Disorder Regulatory Authority (ADRA)

Registration as a Counselor in Training

NAME: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

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

Soc. Sec #: _____ - _____ - _____ Date of Birth: _____ Age: _____
(Must be at least 18 year old)

EMPLOYER: _____

Position: _____

Address: _____

City, State: _____ Zip: _____

Work Phone: (_____) _____ - _____

Supervisor: _____

Preferred Mailing Address: Home Work

Are you in recovery? No Yes, my sobriety date is: _____, years: _____

Have you ever been convicted of a felony? No Yes, attach a certified copy of your criminal back ground/history check whether or not you have been convicted of a felony.

It is my intention to seek certification as a LAC, CAC, or RAC. I am requesting this registration while in training to gain the required knowledge, skills, and experience. I understand that I may practice addiction counseling only under the supervision of a qualified professional supervisor. I agree to adhere to the Rules of the ADRA, and to give notice of any changes in the above information. I am responsible for annual renewal.

Signature: _____ Date: _____

Statement

I here by attest to the facts that I am at least eighteen years old and a legal resident of the United States, if not a citizen. That I am not in violation of any ethical standards relating to addiction counseling or prevention, that I have not abused drugs or alcohol and have not been a compulsive gambler during the past two years, that I have not been convicted of a felony. (You may apply for waivers concerning the substance abuse, gambling or felony. Contact the ADRA office for instructions.)

Signature: _____ Date: _____

SUPERVISOR'S CONTACT INFORMATION

NAME: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

Phone Number: (_____) _____ - _____ E-mail Address: _____

SUPERVISOR'S STATEMENT

I have agreed to serve as the qualified professional supervisor for the applicant while in training. I will notify the ADRA immediately if this agreement ceases.

Signature: _____ Date: _____

I am certified with the ADRA as a Certified Counselor Supervisor: CCS #_____. (Attach copy of CCS card)

I am not registered, but have obtained a valid waiver*. (Attach copy of waiver)

*Please contact our office with questions on how to obtain a CCS waiver. (225) 342-8941

Required Material Checklist for CIT Applicant

- Copy of supervisor's credentials
- Signed code of ethics
- Copy of driver's license or photo I.D.
- Original State Background Check (see "Right to Review Procedures" attached)
- Three professional references
- A One Year Supervisory Plan filled out by your CCS
- \$50.00 application processing fee (accepted forms of payment are cashier's check, money order, company check, or pay online at www.la-adra.org through Paypal – NO PERSONAL CHECKS)

Mail Registration Packet to:

ADRA

628 North Fourth Street

Baton Rouge, LA 70802

Right to Review Procedures: **To receive a Certified Copy of your State Background Check**

BY MAIL:

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at lsp.org under “Forms and Applications”
2. Include a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Include a current original fingerprint card (not previously processed) on a FBI Applicant Fingerprint Card taken by a local law enforcement agency and bearing your name, race, sex, date of birth, social security number, place of birth, reason fingerprinted (should state: “Right to Review”) and residence of applicant (address). Contact local law enforcement agencies to determine the fee that may be required for fingerprinting.
4. Mail Authorization form, Rap Disclosure form, fee and fingerprints to: Louisiana State Police

Bureau of Criminal Identification and Information
P.O. Box 66614, Mail Slip A-6,
Baton Rouge, LA 70896.

5. Individual will receive a certified copy of their Criminal History Rapsheet by mail. This process takes approx 14-21 days from time of receipt.

WALK IN:

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at lsp.org under “Forms and Applications”
2. Bring a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Bring a \$10 fingerprinting fee in the form a money order, cashier’s check or business check made payable to Department of Public safety. Fingerprints will be scanned electronically and submitted while individual waits.

***** THESE ARE TWO SEPARATE FEES *****

4. Individual will receive a certified copy of their Criminal History Rapsheet before they leave. This process takes approx 20 min from the time an individual is fingerprinted.
5. Our building is location at:

7919 Independence Blvd
Baton Rouge, La 70806

Hours of operation are 8:00 am to 4:00 pm Monday thru Friday.

Addictive Disorder Regulatory Authority (ADRA)

RULES (Title 46, Part LXXX)

Counselor In Training

Client- A person who seeks or is assigned the services of an addiction professional, regardless of the setting in which the Counselor-In-Training (CIT) or specialist works. The professional-consumer relationship, once established, is deemed to continue for a minimum of 2 years after the termination of services or the date of the last professional contact with the consumer. The burden of proof that there is no harm or potential harm to that client shall be with the professional.

PROHIBITED ACTIVITIES

§1905. No person shall hold himself out as holding, or knowingly allow others to conclude or believe he holds, a credential, certification or status issued or recognized by the ADRA, unless he has qualified for such under the provisions of the addictive disorders practice act and been granted the credential, certification or status pursuant to the ADRA's rules.

ENFORCEMENT AUTHORITY

§901. The ADRA shall have the power to deny, revoke, or suspend its certification of any person upon proof that such person:

1. Has been convicted of any offense, which constitutes a felony under the laws of this state, whether or not the conviction was in a court in this state.
2. Is convicted of a felony or other serious crimes.
3. Violates any provision of the ethical standards to which the ADRA subscribes.
4. Attempts to practice medicine, psychology, or social work without being licensed in such professions.
5. Is impaired in delivery of professional services because of alcohol or drug abuse, compulsive gambling or because of medical or psychiatric disability.
6. Provides drugs or other restricted chemical substances to another person.
7. Allows his certificate to be used by another person to illegally represent himself as a certified substance abuse CIT.
8. Engages in sexual misconduct with a client or a family member of a client.
9. Obtained certification by means of fraud, misrepresentation, or concealment of material facts.
10. Has been found guilty of fraud or deceit in connection with services rendered.
11. Has been grossly negligent in practice as a substance abuse CIT.
12. Has violated any lawful order, rule, or regulation rendered or adopted by the ADRA.
13. Has violated any provision of the Rules and Regulations of the ADRA.

CODE OF ETHICS

§1501. Professional Representation

- A. A CIT shall not misrepresent any professional qualifications or associations.
- B. A CIT shall not misrepresent any agency or organization by presenting it as having attributes which it does not possess.
- C. A CIT shall not make claims about the efficacy of any service that go beyond those which the CIT would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.
- D. A CIT shall not encourage or, within the CIT's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the CIT.

§1503. Relationships with Clients

- A. A CIT shall make known to a prospective client the important aspects of the professional relationship including fees and arrangements for payment which might affect the client's decision to enter into the relationship.
- B. A CIT shall inform the client of the purposes, goals, techniques, rules of procedure, and limitations that may affect the relationship at or before the time that the counseling relationship is entered.
- C. A CIT shall provide counseling services only in the context of a professional relationship and not by means of newspaper or magazine articles, radio or television programs, mail or means of a similar nature.
- D. No commission or rebate or any other form or remuneration shall be given or received by a CIT for the referral of clients for professional services.
- E. A CIT shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.
- F. A CIT shall not under normal circumstances be involved in the counseling of family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- G. A CIT shall not in normal circumstances offer professional services to a person concurrently receiving counseling assistance from another professional except with knowledge of the professional.

- H. A CIT shall take reasonable personal action to inform responsible authorities and appropriate individuals in cases where a client's condition indicates a clear and imminent danger to the client or others.
- I. In group counseling settings, the CIT shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
- J. A CIT shall not engage in activities that seek to meet the CIT's personal needs at the expense of a client.
- K. A CIT shall not engage in sexual intimacies with any client.
- L. A CIT shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

§1505. CITs and the ADRA

- A. Irrespective of any training other than training in counseling which a person may have completed, or any other certification which a person may possess, or any other professional title or label which a person may claim, any person holding CIT status is bound by the provisions of the CIT Act and the rules of the ADRA in rendering counseling services.
- B. A CIT shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
- C. A CIT shall keep his/her ADRA file updated by notifying the ADRA of changes of address, telephone number and employment.
- D. The ADRA may ask any applicant for certification (or recertification) as a CIT or specialty designation whose file contains negative references of substance abuse to come before the ADRA for an interview before the certification or specialty designation process may proceed.
- E. The ADRA shall consider the failure of a CIT to respond to a request for information or other correspondence as unprofessional conduct and grounds for disciplinary proceedings.
- F. A CIT must participate in continuing education programs which are required by ADRA rule.
- G. Applicants for certification as a CIT or for specialty designations shall not use current employees of the ADRA as references.

§1507. Advertising and Announcements

- A. Information used by a CIT in any advertisement or announcement of services shall not contain information, which is false, inaccurate, misleading, partial, out of context, or deceptive.
- B. The ADRA imposes no restrictions on advertising by a CIT with regard to the use of any medium, the CIT's personal appearance or the use of his personal voice, the size or duration of an advertisement by a CIT, or the use of a trade name.

§1509. Every CIT-In-Training (CIT) Must Agree to Affirm:

- A. That my primary goal is recovery for client and family, that I have a total commitment to provide the highest quality care for those who seek my professional services.
- B. That I shall evidence a genuine interest in all clients and do hereby dedicate myself to the best interest of my clients, and to assisting my clients to help themselves.
- C. That at all times I shall maintain an objective, nonpossessive, professional relationship with all clients.
- D. That I will be willing to recognize when it is to the best interest of a client to release or refer him to another program or individual.
- E. That I shall adhere to the rule of confidentiality of all records, material, and knowledge concerning the client.
- F. That I shall not in any way discriminate between clients or professionals, based on race, creed, age, sex, handicaps, or personal attributes.
- G. That I shall respect the rights and views of other CITs and professionals.
- H. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies, if it will best serve the interest of the client.
- I. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis, that I shall continuously strive for self-improvement, that I have a personal responsibility for professional growth through further education and training.
- J. That I have an individual responsibility for my own conduct.

Signature: _____

Date: _____

**Addictive Disorders Regulatory Authority
(ADRA)**

APPLICATION for CIT

PROFESSIONAL REFERENCE

(3 are required)
CONFIDENTIAL

Applicant's **NAME:** _____ **Date:** _____

TO: Reference's Name: _____

The applicant listed above is applying to the ADRA for certification as a Counselor-in-Training or Prevention Specialist-in-Training (CIT or PSIT). The information requested is an essential part of the ADRA's evaluation of the competence of the applicant and must be on file before the application can be processed. This evaluation is confidential. Please return it within a week directly to the ADRA office. Your cooperation is greatly appreciated

I hereby request this confidential evaluation. _____
Applicant's Signature

On the basis of your knowledge of the above named applicant, rate him/her relative to each attribute listed below. Circle the appropriate number.

Rating Scale: 1 = poor, 2 = fair, 3 = acceptable, 4 = good, 5 = very good, 6 = superior

<u>Attribute:</u>	Poor -----> Superior						Don't Know
1. Common Sense	1	2	3	4	5	6	D/K
2. Poise	1	2	3	4	5	6	D/K
3. Enthusiasm	1	2	3	4	5	6	D/K
4. Reliability	1	2	3	4	5	6	D/K
5. Personal and Professional Honesty	1	2	3	4	5	6	D/K
6. Empathy	1	2	3	4	5	6	D/K
7. Ability to Work with Others	1	2	3	4	5	6	D/K
8. Ethics	1	2	3	4	5	6	D/K
9. Knowledge of Alcohol Abuse Field	1	2	3	4	5	6	D/K
10. Knowledge of Drug Abuse Field	1	2	3	4	5	6	D/K
11. Effectiveness of Counseling Skills	1	2	3	4	5	6	D/K
12. Appropriateness of Relationship with Clients	1	2	3	4	5	6	D/K
13. Communication Skills	1	2	3	4	5	6	D/K
14. Attitude	1	2	3	4	5	6	D/K

Additional Comments: _____

PROFESSIONAL REFERENCE

(Continued)

CONFIDENTIAL

Reference's Name: _____

Reference's Position: _____

Agency/Institution: _____

Office Address: _____

City, State: _____ Zip: _____

Office Phone: (_____) _____ - _____

STATEMENT

I have known _____ for _____ years.
Name of Applicant

My relationship with the applicant is: _____

My knowledge of the professional competence of the applicant is based upon: _____

I offer the following general remarks: _____

I offer the following recommendation: _____

(Attach additional sheets if necessary)

I hereby certify that this rating is, to the best of my knowledge, truthful, and reflects as accurately as possible my knowledge of the applicant.

Reference's Signature: _____ Date: _____

Reference's Credentials: _____

The ADRA reserves the right to request further information from you concerning this applicant.

RETURN THIS FORM DIRECTLY TO:

ADRA

628 North Fourth Street

Baton Rouge, LA 70802

CONFIDENTIAL -- DO NOT RETURN THIS FORM TO THE APPLICANT