

Addictive Disorders Regulatory Authority (ADRA)

APPLICATION for CIT or PSIT

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

Attribute:	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