Addictive Disorder Regulatory Authority (ADRA)

TESTING APPLICATION for Licensed, Certified, Registered Addiction Counselor (LAC, CAC, or RAC)

INSTRUCTIONS

These instructions are prepared as a guide for use by those persons who desire to complete the forms to apply for credentialing by the ADRA. The statute and rules which govern the credentialing and practice of addiction counselors are published in the Louisiana Addictive Disorder Practice Act (La. R.S. 37:3386-390.6) and the Title 46 Professional and Occupational Standards (Part LXXX). The statutes and rules are available through the Louisiana register. Copies of reprints may be ordered from the office of the ADRA for the cost of preparation, printing and distribution.

The ADRA cannot evaluate any applicant’s material or documentation until a complete application has been submitted for review.

Applications will be reviewed in the order received. The application must meet all the standards set in the statute and rules to be considered complete and to allow the applicant to proceed in the credentialing process. Applications which do not meet all standards set in the statute and rules will be reviewed and feedback will be given to the applicant regarding necessary corrections. The ADRA will evaluate all materials submitted for validity as it concerns credentialing. Submitting an application in and of itself does not guarantee a credential. Upon notification of application completion the appropriate examination is requested. Credentialing is completed and the appropriate designation will be issued only when the examination is passed and board approval is received.

ELIGIBILITY REQUIREMENTS FOR LAC

1. At least 21 years of age and holds Master’s or Doctoral degree from an accredited institution of higher education in a human services/behavioral science field
2. A legal resident of the United States
3. In not in violation of any ethical standard subscribed to by the ADRA
4. Has not been a substance abuser or compulsive gambler for at least two years prior to the date of the application.
5. Has not been convicted of a felony; however the ADRA has the discretion to waive this requirement upon review of the circumstance
6. Has successfully completed 270 total clock hours of education approved by the ADRA. 180 hours of the 270 hours must be specific to substance abuse treatment, 6 hours in professional ethics, with the remaining 84 hours being related. All hours are subject to approval by the ADRA.

270 clock hours = 180 hours of substance abuse + 6 hours of Ethics + 84 hours of related

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<tr>
<th>Type of Credit/Hour</th>
<th>Clock Hour Equivalent</th>
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<tr>
<td>1 University/College</td>
<td>15 Clock Hours</td>
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<td>1 Continuing Education</td>
<td>10 Clock Hours</td>
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<tr>
<td>1 of any other type (conference, workshop etc)</td>
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7. Has successfully completed 2000 hours (1 full-time year) of supervised work experience in the treatment of addiction. Of the 2000 hours, a 300 hour practicum in the 12 core functions and global criteria must be obtained with at least 10 hours in each core function. The experience must be supervised by a Certified Clinical Supervisor (CCS) or any other qualified professional who has received the proper waiver from the ADRA.
8. Has completed and received approval for testing based on submission of the application prescribed by the ADRA to include a case study.
9. Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA

ELIGIBILITY REQUIREMENTS FOR CAC

1. At least 21 years of age and holds Bachelor’s degree from an accredited institution of higher education in a human services/behavioral science field
2. A legal resident of the United States
3. In not in violation of any ethical standard subscribed to by the ADRA
4. Has not been a substance abuser or compulsive gambler for at least two years prior to the date of the application.
5. Has not been convicted of a felony; however the ADRA has the discretion to waive this requirement upon review of the circumstance
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6. Has successfully completed 270 total clock hours of education approved by the ADRA. 180 hours of the 270 hours must be specific to substance abuse treatment, 6 hours in professional ethics, with the remaining 84 hours being related. All hours are subject to approval by the ADRA.

270 clock hours = 180 hours of substance abuse + 6 hours of Ethics + 84 hours of related

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<td>Hour for Hour</td>
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</table>

7. Has successfully completed 4000 hours (2 full-time years) of supervised work experience in the treatment of addiction. Of the 2000 hours, a 300 hour practicum in the 12 core functions and global criteria must be obtained with at least 20 hours in each core function. The experience must be supervised by a Certified Clinical Supervisor (CCS) or any other qualified professional who has received the proper waiver from the ADRA.

8. Has completed and received approval for testing based on submission of the application prescribed by the ADRA to include a case study.

9. Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA

ELIGIBILITY REQUIREMENTS FOR RAC
1. At least 21 years of age and hold a High School Diploma or a high school diploma equivalent (GED).
2. A legal resident of the United States
3. In not in violation of any ethical standard subscribed to by the ADRA
4. Has not been a substance abuser or compulsive gambler for at least two years prior to the date of the application.
5. Has not been convicted of a felony; however the ADRA has the discretion to waive this requirement upon review of the circumstance
6. Has successfully completed 270 total clock hours of education approved by the ADRA. 180 hours of the 270 hours must be specific to substance abuse treatment, 6 hours in professional ethics, with the remaining 84 hours being related. All hours are subject to approval by the ADRA.

270 clock hours = 180 hours of substance abuse + 6 hours of Ethics + 84 hours of related

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</tbody>
</table>

7. Has successfully completed 6000 hours (3 full-time years) of supervised work experience in the treatment of addiction. Of the 2000 hours, a 300 hour practicum in the 12 core functions and global criteria must be obtained with at least 20 hours in each core function. The experience must be supervised by a Certified Clinical Supervisor (CCS) or any other qualified professional who has received the proper waiver from the ADRA.

8. Has completed and received approval for testing based on submission of the application prescribed by the ADRA to include a case study.

9. Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA

GENERAL INSTRUCTIONS
1. The ADRA cannot evaluate any documents submitted until a complete application packet is received. Please direct all questions to the ADRA office in writing to admin@la-adra.org.
2. All applications submitted must be typed or handwritten, clearly and legibly. Forms are available for print and submission through the ADRA website (www.la-adra.org).
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3. Review the entire application packet including instructions and forms prior to commencing completion.  
4. The Cover Sheet must be returned as the first document of your application packet and should be used as a checklist for submission of a complete application.  
5. All documents submitted become the property of the ADRA and cannot be returned. Only submit clean, legible COPIES of all certificates or other documentation, as you should retain your originals. Official university/college transcripts are to be sent directly to the ADRA office from the institution. However for initial evaluation purposes, a copy of transcripts is acceptable.  
6. Please input the date that you complete the form in the date field of each form.  

FORMS  
The following paragraphs provide detailed explanations and instructions for the forms that are to be to be included with the application packet. All forms are available on the website at www.la-adra.org. Your application must contain the following to be considered complete:  

A. COVER SHEET - The Cover Sheet must be returned as the first document of the application package you submit. Utilize the check list when assembling the application packet. Assemble the packet in the order listed. The evaluation and reference forms are to be distributed to the individuals of your choice and those individuals are to mail the completed forms directly to the ADRA office. You may only submit the evaluation or reference forms if in a separate sealed envelope with the signature of the individual providing the reference across the seal.  

B. AFFIDAVIT - The affirmation must be read prior to signature. A full face photograph (such as a Passport photo) must be attached to the Affidavit Form in the location indicated. The photo need not be the exact dimensions of the space outlined; however, it should not cover any other print. The Affidavit Form must be signed, dated and sealed in the presence of a Notary Public. The Notary Seal must overlap the photograph (touching the paper and a portion of the photo while attached to the form).  

C. PERSONAL DATA – The Personal Data form should be filled out completely. If you were not born in the US, include an explanation that verifies your citizenship or legal residence, along with all support documentation. Complete the question regarding censorship by any professional organization. If yes, include a detailed explanation. Complete the question regarding recovery and provide your sobriety date, if applicable. Complete the question regarding felony. If yes, include a detailed description and explanation of the felony including a waiver request to the ADRA Board. Should a waiver be necessary, it is your responsibility to present adequate justification to the ADRA Board for review and consideration. List any other licenses and certifications that you hold; include the agency, type of license/certificate, license/certificate number, and expiration date. The disclaimer regarding notification of change of information must be read prior to signing and dating the form. If you are currently registered as a CIT, provide the CIT number, if not include an explanation. Please note that you must provide documentation that you have complied with the statute and rules of the ADRA while gaining the education, training, and experience required to apply for certification.  

D. EDUCATION HISTORY – The Education History form should be filled out completely. If you possess a High School diploma, provide the year of graduation, name of the school, and school location. If you possess a GED, provide the date earned. In the space provided, provide information regarding degrees awarded and continuing education credits received. You may include additional copies of the form if necessary, please number the pages in order on the bottom of each page. Provide the number of clock hours completed for each course listed.  
   a. SUBSTANCE ABUSE EDUCATION - A minimum of 270 clock hours is required, consisting of a minimum of 180 clock hours that are specific to substance abuse education and 90 hours in related education. One (1) semester hour is equal to fifteen (15) clock hours of other education. One (1) continuing education class (from a college/university) hour is equal to ten (10) clock hours of other education. All other education is hour for hour. A copy of a transcript or certificate must be attached to document each entry and attached in the order that they are listed on the form. If they are from an accredited school or university, please submit a copy of your original transcript with the initial application and have the originals sent directly to the ADRA office from the institution.  

E. EMPLOYMENT HISTORY - Provide employment history for at least the past 10 years as it relates to substance abuse treatment. It is not necessary to list periods of unemployment or student work. Begin with the most recent employer. You may include additional copies of this form as needed, please number the pages in order on the bottom of each page. Provide the name of your immediate supervisor and his/her office phone number. Provide your position title and indicate whether it is/was full- or part-time position.
F. SUBSTANCE ABUSE EXPERIENCE - If you possess a master's degree or higher in a human services or behavioral science discipline approved by the ADRA you must show at least one year of full-time experience, or the equivalent of at least 2,000 hours of supervised work in an addiction treatment setting. The experience must be in the actual performance of the core functions. Of those 2,000 hours, 300 hours must be directly supervised by a Certified Clinical Supervisor in the twelve core functions with a minimum of 20 hours in each core function. If you possess a bachelor's degree in a human services or behavioral science discipline approved by the ADRA, you must show at least two years of full-time experience, or the equivalent of at least 4,000 hours of supervised work in an addiction treatment setting. The experience must be in the actual performance of the core functions. Of those 4,000 hours, 300 hours must be directly supervised by a Certified Clinical Supervisor in the twelve core functions with a minimum of 20 hours in each core function. If you possess a bachelor's degree in a field other than human services or behavioral science discipline or if you have a high school diploma or GED, you must show at least three years of full-time work experience, or the equivalent of at least 6,000 hours of supervised work in an addiction treatment setting. The experience must be in the actual performance of the core functions. Of those 6,000 hours, 300 hours must be directly supervised by a Certified Clinical Supervisor in the twelve core functions with a minimum of 20 hours in each core function. All the work experience must be supervised by a qualified mental health professional or a Certified Clinical Supervisor, including direct supervision in each of the core functions. The minimum requirement for direct supervision of a trainee is one hour per week.

G. PROHIBITED ACTIVITIES, CAUSES FOR ADMINISTRATIVE ACTION AND CODE OF ETHICAL RESPONSIBILITY AND ACCOUNTABILITY DOCUMENT – You must read the statement in its entirely prior to signing and dating the form.

CONFIDENTIAL FORMS
These forms must be received in order for the application to be considered complete. These forms are as follows: Certified Clinical Supervisor's Evaluation (one required) and Professional References (three required). It is recommended that you provide a stamped envelope addressed to the ADRA upon distribution of each reference/evaluation to the individuals of your choice. Provide the name of the supervisor or reference, date the form is distributed along with your signature in the space labeled “to be completed by applicant” DO NOT enter any other data or information. You may only submit the evaluation or reference forms if in a separate sealed envelope with the signature of the individual providing the reference across the seal.

CASE PRESENTATION
Use the Case Presentation Demographic Information Sheet on an Actual/Typical Client. The Case Presentation must be written in the following format:

I. Substance Abuse History
   A. Substances used
   B. Frequency
   C. Progression
   D. Severity/Amount
   E. Onset of use – when they started using
   F. Primary substance
   G. Route of administration
   H. Effects – blackouts, tremors, tolerance, DTs, seizures, other medical complications (some of these can be included in the Physical history section)

II. Psychological Functioning
   ● Mental status – oriented, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight.
   * include both past and present

III. Educational/Vocational/Financial
   A. Educational and Work history
   B. Educational level
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C. Disciplinary action (at school or work)  
D. Reasons for termination  
E. Current and past financial status  

IV. Legal History (associated with, or not associated with, mood altering chemicals)  
A. Charges, Arrests, Convictions  
B. Current status  
C. Pending  

V. Social History  
A. Parents  
B. Siblings/Rank  
C. Psychological functioning in family  
D. Substance abuse in family  
E. History of social functioning from childhood to present  
F. Family functioning – including physical, sexual, and emotional abuse  
G. Relationship history  
H. Children  

VI. Physical History  
A. Both alcohol and drug, non-alcohol and drug problems  
B. Past and Present major medical problems – i.e.: disabilities, pregnancy and related issues, STDs, alcohol and drug-related problems  

VII. Treatment History (both alcohol and drug and psychological history)  

VIII. Assessment  
• Identifying and evaluating an individual’s strengths, weaknesses, problems, and needs for the development of the treatment plan.  

IX. Treatment Plan  
• Identifying and ranking problems needing resolution; establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized.  

X. Course of Treatment  
• Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client’s unique problems and responses to treatment.  

XI. Discharge Summary  
• Concise description of the client’s overall response to treatment, including alcohol/drug status at discharge.  

ASSEMBLE AND MAIL  
When you have provided all the information required of the application packet, collect all forms, attachments, and statements and arrange them in the appropriate order. Be certain to attach all the documents that support a particular form immediately following that form. Also, be certain to make a copy of the final packet for your records. Place the originals in a heavy-duty envelope or carton and mail to the address listed on the Cover Sheet of the application packet.  

AMERICANS WITH DISABILITIES ACT  
The Addictive Disorders Regulatory Authority complies with the requirements of the Americans with Disabilities Act. If you have a qualified disability, impairment or condition which requires special accommodations to complete this application package or the examination, please notify the ADRA in writing of your request. 

Mail Application Package to:  
ADRA - Certification  
4919 Jamestown Avenue  
Suite #203  
Baton Rouge, LA 70808
Addictive Disorder Regulatory Authority
(ADRA)
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COVER SHEET

NAME: ___________________________________________ CIT # (if applicable) _____________

Only completed applications will be evaluated. The application will be deficient if any of the below does not meet the standards set in the Statute and Rules of the ADRA. The applicant will be notified by EMAIL and allowed to correct deficiencies, following initial evaluation. The applicant will be notified by EMAIL when the application is approved. Credentialing is completed and the appropriate designation will be issued only upon passing the examination and final board approval is received.

*THIS APPLICATION IS ONLY VALID FOR ONE YEAR FROM THE DATE OF RECEIPT. AFTER ONE YEAR THE APPLICATION WILL BE DISCARDED*

*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. APPLICANT WILL HAVE 10 BUSINESS DAYS TO CORRECT DEFICIENCIES BEFORE THE APPLICATION WILL BE DISCARDED*

*ALL APPLICATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. THIS DOES NOT APPLY TO TESTING FEES*

*A VALID E-MAIL ADDRESS IS MANDATORY FOR ALL APPLICATIONS*

CHECK LIST

Please indicate which test you wish to take:

___ LAC (Requires a Masters Degree in a Human Services/Behavioral Science field)
___ CAC (Requires a Bachelors Degree in a Human Services/Behavioral Science Field)
___ RAC (Requires a High School Diploma or GED)

The Testing Portfolio must contain the following:

___ Cover Sheet
___ Notarized Affidavit with Picture
___ Personal Data Form
___ Education History Form – Original transcripts and copies of certificates are required
___ Employment History Form (Specific to Substance Abuse Treatment)
___ Supervised Practical Training Form (supervision in the core functions)
___ Signed copy of Prohibited Activities, Enforcement Authority and Code of Ethical Responsibility & Accountability Form
___ Case Presentation Form with Cover Sheet (must be signed by Certified Clinical Supervisor)
___ Three (3) Professional Reference Forms (must be from Substance Abuse treatment field and returned to applicant in a signed and sealed envelope)
___ Certified Clinical Supervisor’s Evaluation Form (in a signed and sealed envelope)
___ State Background Check (see “Right to Review” instructions)

ATTACH Non-Refundable, Non-Transferable Cashier’s Check, Money Order or Company Check made payable to the ADRA

Fees can also be paid at www.la-adra.org through PayPal.

*Personal checks will not be accepted*

Application Fee: $ 150.00 (non-refundable, non-transferable)

Please indicate method of payment and total amount enclosed: ______________________

___ Cashier’s Check       ___ Money Order       ___ Company Check       ___ PayPal (include a copy of your receipt)

Mail Application Package to:
ADRA - Certification
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808

Testing Application December 2012

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AFFIDAVIT

Name: ___________________________________ Date: ______________

I hereby affirm that the following is submitted for the purpose of applying for certification as a Licensed Addiction Counselor, Certified Addiction Counselor, or Registered Addiction Counselor.

1. I have not violated any of the rules of the ADRA nor engaged in any unethical or unprofessional behavior.
2. I have not abused alcohol or other drugs during the previous two years.
3. I have met the minimum requirements for licensure, certification or registry. I am enclosing documentation to demonstrate this satisfies the statutes and rules of the ADRA.
4. I grant permission to the ADRA to seek and validate any information, references, or other materials it deems necessary to determine my qualifications.
5. I understand that application in and of itself does not guarantee credentialing.
6. I understand that any information of a personal nature will be treated as confidential, and any information of a public nature will be treated as such.
7. I pledge, if any certificate is issued, I shall return it along with wallet card and any other designations granted by the ADRA upon a revocation or suspension of the certification.
8. I hereby certify that all the enclosed application materials are, to the best of my knowledge, true and correct.

Signature: ________________________________ Date: ______________
This signature must be notarized.
The Notary Seal imprint must overlap the photo.

SWORN TO AND SUBSCRIBED, before me, this
_______ day of ____________________, 20____---
ATTACH
FULL FACE
PHOTO
HERE

NOTARY PUBLIC
My Commission Expires: ______________________

Testing Application December 2012
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PERSONAL DATA

NAME: ________________________________________________ DATE: ____________________

Address: ____________________________________________________________________________

City, State: ___________________________________________ Zip: _________________________

Home Phone: (______) _________ - _________ E-mail Address: ______________________________

EMPLOYER: ____________________________________________________________________________

Position: ____________________________________________________________________________

Address: ____________________________________________________________________________

City, State: ___________________________________________ Zip: _________________________

Work Phone: (______) _________ - _________

Facility Supervisor: ________________________________ E-Mail Address: _________________________

Preferred Mailing Address: Home _____ Work _____

Gender: Male _____ Female _____

Race: Black _____ Caucasian _____ Hispanic _____ Asian _____ Other ___________________

Soc. Sec. #:_________ - _______ - ______________ Date of Birth: ____/____/_______ Age: ________

American Citizenship: No _____ Yes _____ Place of Birth: ________________________________

Degree Level: HS Diploma/ GED____ Some College____ Associates____ Bachelor’s____ Master’s____ Higher____

Have you ever been officially disciplined by any professional organization for violation of any ethical standards?

No _____ Yes (attach details) _____

Are you in recovery? No _____ Yes _____ My sobriety date is: ____/____/_______, # of years: __________

Month/Day/Year

Have you ever been convicted of a felony? No _____ Yes _____

(If “Yes,” attach felony waiver request and documentation of restitution. ALL applicants must submit a current state background check)

Other Licenses and Certifications (Agency, Number, and Expiration Date):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I agree to keep the above information current and notify the ADRA of any changes, and I understand that failure to do so is an ethical violation.

Signature: __________________________________________ Date: ____________________

I understand that the application fee is $150.00. Payment must be remitted at the time of submission in order for the application to be considered complete.

_______ I am currently registered with the ADRA as a Counselor in Training. CIT #: ________.

_______ I am not registered, but I am attaching a statement of explanation.
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EDUCATION HISTORY

NAME: ______________________________________________________________________ DATE: ___________________

ATTACH COPIES OF TRANSCRIPTS AND/OR CERTIFICATES (original transcripts to be sent by institution)

____ High School Diploma – Graduation year: ________ School: ____________________ Location: ____________________

____ GED – Date earned: ________

ACCREDITED INSTITUTIONS OF HIGHER EDUCATION

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<tr>
<th>Dates From/To</th>
<th>College or University/Location</th>
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<th>Major and/or Concentration</th>
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SIGNIFICANT ADULT/PROFESSIONAL/CONTINUING EDUCATION (Specific or Related to Substance Abuse)

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<tr>
<th>Date</th>
<th>Organization/Location</th>
<th>Course Title</th>
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EMPLOYMENT HISTORY

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<th>NAME:</th>
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<tr>
<td>List employment within the past 10 years that Substance Abuse specific only. Begin with most recent employment. Make additional copies as needed.</td>
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Dates: from ____________________ to _____________________

Employer: ________________________________________________________________

Address: __________________________________________________________________________________

Supervisor: ___________________________ Phone: (_______) ________ - __________ 

Position: ___________________________ Full-time: ________ Part-time: ________

Duties: __________________________________________________________________________________________

________________________________________________________________________________________

Dates: from ____________________ to _____________________

Employer: ________________________________________________________________

Address: __________________________________________________________________________________

Supervisor: ___________________________ Phone: (_______) ________ - __________ 

Position: ___________________________ Full-time: ________ Part-time: ________

Duties: __________________________________________________________________________________________

________________________________________________________________________________________

Dates: from ____________________ to _____________________

Employer: ________________________________________________________________

Address: __________________________________________________________________________________

Supervisor: ___________________________ Phone: (_______) ________ - __________ 

Position: ___________________________ Full-time: ________ Part-time: ________

Duties: __________________________________________________________________________________________

________________________________________________________________________________________
DEFINITIONS FOR DIRECT SUPERVISION

A. Treatment Team or Staffing Meetings
B. Observation in group, individual, family, education, or other
C. Private conversations (one-to-one) discussing cases or functions
D. Review of Chart or Medical Record

Please record both the total hours of supervised work experience during the period reported and the actual hours of direct supervision during that same period in each of the core functions, and total both categories. Record only the hours related to the actual performance of substance abuse counseling while under the supervision of a Certified Clinical Supervisor.

CORE FUNCTIONS

1. SCREENING -- The process by which a client is determined appropriate and eligible for admission to a particular program.
2. INTAKE -- The administrative and initial assessment procedures for admission to a program.
3. ORIENTATION -- Describing to the client:
   a. general nature and goals of the program,
   b. rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program,
   c. in a non-residential program, the hours during which services are available,
   d. treatment costs to be borne by the client, if any, and
   e. client's rights.
4. ASSESSMENT -- Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of the treatment plan.
5. TREATMENT PLANNING -- Process by which the counselor and the client:
   a. identify and rank problems needing resolution,
   b. establish agreed upon immediate objectives and long-term goals, and
   c. decide on a treatment process, resources to be utilized, and frequency of application.
6. COUNSELING (Individual, Group, & Significant Others) -- The utilization of special skills to assist individuals, families, or groups in achieving objectives through:
   a. exploration of a problem and its ramifications,
   b. examination of attitudes and feelings,
   c. consideration of alternative solutions, and/or
   d. decision making or problem solving.
7. CASE MANAGEMENT -- Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
8. CRISIS INTERVENTION -- Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.
9. CLIENT EDUCATION -- Provision of factual information to individuals and groups concerning alcohol and other drug abuse, the impact on individuals and life styles, and the available resources and services to make changes.
10. REFERRAL -- Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.
11. REPORTS AND RECORD KEEPING -- Charting the results of the assessment and treatment plan; writing reports, progress notes, and discharge summaries; and other client related data and information recording.
12. CONSULTATION WITH PROFESSIONALS (Other Credentialed Professionals in Regards to Client Treatment and/or Services) -- Relating with counselors and other health care professionals to assure comprehensive, quality care for the client.
Addictive Disorder Regulatory Authority (ADRA)
TESTING APPLICATION for Licensed, Certified, Registered Addiction Counselor (LAC, CAC, or RAC)
SUPERVISED PRACTICAL TRAINING

Page 2 of 2

NAME: ___________________________________________ DATE: _______________

Institution/Agency: ____________________________________________________________

Location/Address: ____________________________________________________________

City, State: ___________________________ Zip: ______________

Supervisor: ___________________________ Position: ________________________________

Phone: (_______) _______ - _________

Dates of Supervised Experience: from ________________ to ____________________

Applicant's Position: __________________________________________________________

HOURS OF: SUPERVISED WORK EXPERIENCE DIRECT SUPERVISION (minimum 300 hours)

1. Screening _______ _______

2. Intake _______ _______

3. Orientation _______ _______

4. Assessment _______ _______

5. Treatment Planning _______ _______

6. Counseling _______ _______

7. Case Management _______ _______

8. Crisis Intervention _______ _______

9. Client Education _______ _______

10. Referral _______ _______

11. Reports and Record Keeping _______ _______

12. Consultation with Professionals _______ _______

TOTAL _______ TOTAL _______

Certified Clinical Supervisor's Signature: ___________________________ Date: ______________

___ I am registered with the ADRA as a clinical supervisor: CCS # ________.

___ I am not registered, but have obtained a valid waiver through the ADRA. (attach copy of waiver)
Addictive Disorder Regulatory Authority
(ADRA)

TESTING APPLICATION for
Licensed, Certified, Registered Addiction Counselor
(LAC, CAC, or RAC)

RULES (Title 46, Part LXXX)

Page 1 of 2

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.

CAUSES FOR ADMINISTRATIVE ACTION

§901. The ADRA after due notice and hearing as set forth herein and the Administrative Procedure Act may deny, revoke, or suspend any credential or certification issued or applied for, or otherwise discipline a certificate holder, counselor or prevention specialist in training, or applicant on a finding that the has violated the Addictive Disorder Practice Act, any of the rules and regulations promulgated by the ADRA, the Code of Ethics, any supervision guidelines, any policy published by the ADRA or prior final decisions and/or consent orders involving the certificate holder, counselor or prevention specialist in training or applicant 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/her certificate to be used by another person to illegally represent himself as an Addiction Counselors, Compulsive Gambling Counselor and/or Prevention Professional.
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 an Addiction Counselors, Compulsive Gambling Counselor and/or Prevention Professionals.
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 ETHICAL RESPONSIBILITY AND ACCOUNTABILITY

§1501. Professional Representation
A. A person holding a practice credential, specialty certification or status shall not:
1. Misrepresent any professional qualifications or associations.
2. Misrepresent any agency or organization by presenting it as having attributes which it does not possess.
3. Make claims about the efficacy of any service that go beyond those which the counselor or specialist would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.
4. Encourage or, within the counselor's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the counselor or specialist.

§1503. Relationships with Clients
A. A person holding a practice credential, specialty certification or status:
1. 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.
2. 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 professional relationship is entered.
3. 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.
4. Shall neither accept nor pay a commission or rebate or any other of remuneration for the referral of clients for professional services.
5. Shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.
6. 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.
Addictive Disorder Regulatory Authority
(ADRA)
TESTING APPLICATION for
Licensed, Certified, Registered Addiction Counselor
(LAC, CAC, or RAC)
Page 2 of 2

7. Shall not under normal circumstances offer professional services to a person concurrently receiving counseling or prevention assistance from another professional except with knowledge of the other professional.
8. 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.

9. Shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
10. Shall not engage in activities that seek to meet the counselor’s or specialists personal needs at the expense of a client.
11. Shall not engage in sexual intimacies with any client.
12. Shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

§1505. Persons holding a practice credential, specialty certification or status the ADRA

A. A person holding a practice credential, specialty certification or status issued by the ADRA shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
B. Any applicant for, or person holding, a practice credential, specialty certification or status under the authority of the Addictive Disorders Practice Act shall keep his/her ADRA file updated by notifying the ADRA of changes of address, telephone number and employment.
C. The ADRA may require any applicant or candidate for practice credential, specialty certification or status, or renewal of the same whose file contains negative references to come before the ADRA for an interview before the certification or specialty designation process may proceed.
D. The ADRA shall consider the failure of a person to respond to a request for information or other correspondence as unprofessional conduct and grounds for instituting disciplinary proceedings.
E. A person holding a practice credential, specialty certification or status must participate in continuing professional education programs as required and set forth in these rules.

§1507. Advertising and Announcements

A. Information used by a person holding a practice credential, specialty certification or status 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 person holding a practice credential, specialty certification, or status with regard to the use of any medium, the person's appearance or the use of his personal voice, the size or duration of an advertisement by a person holding a practice credential, specialty certification or status, or the use of a trade name.

§1511. Confidentiality

A. No person holding a practice credential, specialty certification or status may disclose any information he may have acquired from persons consulting him in his professional capacity that was necessary to enable him to render services to those persons except:

1. With written consent of the client, or in the case of death or disability, with written consent of his personal representative, other person authorized to sue, or the beneficiary of any insurance policy on his life, health, or physical condition; or
2. When the person is a minor under the age of 18 and the information acquired by the client, or in the case of death or disability, with written consent of his personal representative, other person authorized to sue, or the beneficiary of any insurance policy on his life, health, or physical condition; or
3. When a communication reveals the contemplation of a crime or harmful act; or
4. When the person waives the privilege by bringing charges before the ADRA against the addictive disorder counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training.

I hereby attest that I have read and understand the information provided to me regarding the Louisiana Addictive Disorder Regulatory Authority Prohibited Activities, Enforcement Authority and Code of Ethical Responsibility and Accountability for persons holding a practice credential, specialty certificate or status. I also understand that this statement is an excerpt from the Addictive Disorders Practice Act La. R.S. 37:3386-3390.6 and Professional Occupational Standards; which I also attest to having full knowledge of.

PRINTED NAME: __________________________________________ Date: ____________________
Signature: ____________________________________________

Testing Application December 2012 ADRA
COUNSELOR’S STATEMENT

I hereby certify that I prepared this case presentation and that it represents an actual/typical case of mine.

I, the undersigned, understand that the written case presentation will be the property of the ADRA upon my submission of the materials for review by the ADRA.

I also understand that this material may be reviewed by the Certification Board and its designated agents for evaluation and research purposes.

SIGNATURE: __________________________________________ DATE: ____________________

CERTIFIED CLINICAL SUPERVISOR’S STATEMENT

I hereby certify that I have read this case presentation, that it represents an actual/typical client case of the applicant, and that, to the best of my knowledge, it was prepared by the applicant.

NAME: __________________________________________ DATE: ____________________

Certified Clinical Supervisor’s Name (please print)

TITLE: ___________________________________________________________________________________

NAME OF AGENCY: __________________________________________________________________________

SIGNATURE: ____________________________________________________________________________
Fictional Name: __________________________________________

Age at admission: _____     Race: _____     Sex: _____     Marital Status: _____

Employment: ______________________________________________

Referral Source: __________________________________________

Current Legal Status: _______________________________________

Admission Date: ______________     Discharge Date: ______________

Treatment Setting and Modality: __________________________________

A. Substance Abuse History

B. Psychological Functioning

C. Education/Vocational/Financial

D. Legal History

E. Social History

F. Physical History

G. Treatment History

H. Assessment - “Identifying and evaluating an individual’s strengths, weaknesses, problems and needs for the development of the treatment plan.”

I. Treatment Plan - “Identify and ranking problems needing resolution; establishing agreed upon immediate and long term goals; and deciding on a treatment process and the resources to be utilized.”

J. Course of Treatment – Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client’s unique problems and response to treatment.

K. Discharge Summary - Concise description of the client’s overall response to treatment, including alcohol/drug status at discharge.

(Your case must be written in this format for it to be valid; see instructions for further detail)
To be completed by applicant:
NAME: __________________________ DATE: _______________

Reference’s Name: _______________________________________________________________ __________________________

The applicant listed above is applying to the ADRA for certification as a Licensed, Certified or Registered Addictions Counselor (LAC, CAC or RAC). 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. X________________________________________________________

Applicant’s Signature

To be completed by reference:

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

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Superior</th>
<th>Superior</th>
<th>Superior</th>
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<tr>
<td>1. Common Sense</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>2. Poise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>D/K</td>
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<tr>
<td>3. Enthusiasm</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>D/K</td>
<td>D/K</td>
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<tr>
<td>4. Reliability</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>5. Personal and Professional Honesty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>6. Empathy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>7. Ability to Work with Others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>8. Ethics</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>9. Knowledge of Alcohol Abuse Field</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>10. Knowledge of Drug Abuse Field</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>11. Effectiveness of Counseling Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>12. Appropriateness of Relationship with Clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>13. Communication Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
<tr>
<td>14. Attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
<td>D/K</td>
</tr>
</tbody>
</table>

Additional Comments: _______________________________________________________________

________________________________________________________________________________

17

Testing Application December 2012 ADRA
CONFIDENTIAL

Reference’s Name (attach copy of credentials): __________________________________________________________

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.

CONFIDENTIAL -- RETURN THIS FORM DIRECTLY TO:

ADRA – Certification
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808

OR

RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE TO BE INCLUDED WITH THE TESTING PORTFOLIO
To be completed by applicant:
NAME: ___________________________________________ Date: __________________

Supervisor's Name: __________________________________________

The applicant listed above is applying to the ADRA for certification as a Licensed, Certified or Registered Addictions Counselor (LAC, CAC or RAC). 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.

The ADRA believes that your observation will lead to a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation plus that received from other references and the data furnished by the applicant will be used in determining eligibility for certification. 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. X

Applicant's Signature

To be completed by Certified Clinical Supervisor:

On the basis of your knowledge of the above named applicant, rate his/her skill in each area listed below. Circle the appropriate number.

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

<table>
<thead>
<tr>
<th>Exhibits skill in:</th>
<th>Poor ------------------------------ -&gt; Superior</th>
<th>Don't Know</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Intake</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Orientation</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Assessment</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Treatment Planning</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Counseling</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Case Management</td>
<td>1 2 3 4 5 6</td>
<td>D/K</td>
<td>N/A</td>
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<tr>
<td>8. Crisis Intervention</td>
<td>1 2 3 4 5 6</td>
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</tr>
<tr>
<td>9. Client Education</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>10. Referral</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>11. Reports and Record Keeping</td>
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<td>N/A</td>
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<tr>
<td>12. Consultation with Professionals</td>
<td>1 2 3 4 5 6</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

Additional Comments: __________________________________________________________________________________________________________________________________________________________________
Supervisor's Name (attach copy of credentials): _____________________________________________________________

Supervisor's Position: ________________________________________________________________________________

Agency/Institution: ______________________________________________________________________________________

Office Address: _______________________________________________________________________________________

City, State: ____________________________________________________________________________________________ Zip: ______________________

Office Phone: (_________) _________ - __________

STATEMENT

I hereby certify that I have been in a position to observe and have first-hand knowledge of ____________________________________________ works (ed) at ____________________________________________

Name of Applicant __________________________ Name of work setting ____________________________

I have observed the applicant's work from ____________ to ____________

Date Date

He/she was employed as a/an __________________________

Applicant’s Position __________________________

I used the following procedures to supervise and evaluate the applicant: __________________________________________________

____________________________________________________________________________________________________________

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.

Supervisor's Signature: __________________________ Date: __________________

_____ I am registered with the ADRA as a counselor supervisor: CCS #: __________

_____ I am not registered, but am attaching a copy of my license and curriculum vitae.

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

CONFIDENTIAL -- RETURN THIS FORM DIRECTLY TO:

ADRA – Certification
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808

OR

RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE TO BE INCLUDED WITH THE TESTING PORTFOLIO
Addictive Disorder Regulatory Authority  
(ADRA)  
TESTING APPLICATION for  
Licensed, Certified, Registered Addiction Counselor  
(LAC, CAC, or RAC)  

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.  
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.

*** THESE ARE TWO SEPARATE FEES ***

*Note: When completing Rap Disclosure and Authorization form, please put your name and your address on these forms. ADRA cannot request the background check for you. You are requesting it because you have the “Right to Review.”*