

**Addictive Disorder Regulatory Authority  
(ADRA)  
APPLICATION FOR CERTIFICATION  
(LAC, CAC, or RAC)  
EDUCATION HISTORY**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ I earned a High School diploma. Date of graduation: \_\_\_\_\_ School: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ I have the equivalent GED. Date earned: \_\_\_\_\_

**ACCREDITED INSTITUTIONS OF HIGHER EDUCATION**

Dates From/To	College or University	Location/Address	Degree/Date	Semester Hours	Major Subject	SA

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**TECHNICAL/VOCATIONAL SCHOOL**

Dates From/To	Technical school/institution	Location/Address	Degree/Date	Semester Hours	Major Subject	SA

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**SIGNIFICANT ADULT/PROFESSIONAL/CONTINUING EDUCATION**

Dates From/To	School or institution	Location/address	Degree/Date	Semester Hours	Major Subject	SA

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(Make additional copies as needed) **ATTACH TRANSCRIPTS OR CERTIFICATES** (Mark SA if substance abuse education)