

**Addictive Disorder Regulatory Authority  
(ADRA)**

**APPLICATION FOR CERTIFICATION  
(LAC, CAC or RAC)  
PERSONAL DATA**

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

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_ Home \_\_\_\_\_ Work

**Sex:** \_\_\_\_\_ Male \_\_\_\_\_ Female **Handicapped:** \_\_\_\_\_ No \_\_\_\_\_ Yes (attach description)

**Race:** \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

**Soc. Sec. #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

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

\_\_\_\_\_ No \_\_\_\_\_ Yes (attach details)

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

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes, attach details

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 am registered with the ADRA as a Counselor in Training. CIT #: \_\_\_\_\_.

\_\_\_\_\_ I am not registered, but I am attaching a statement of explanation.