

**Addictive Disorders Regulatory Authority  
(ADRA)**

**APPLICATION FOR CERTIFICATION by RECIPROCITY  
(LAC, CAC or RAC)**

**COVER SHEET**

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

**CHECK LIST**

The Application Package must contain the following before it will be reviewed:

- \_\_\_ Valid Cover Sheet
- \_\_\_ Affidavit
- \_\_\_ Personal Data
- \_\_\_ Employment History or Resume
- \_\_\_ Signed copy of Rules, including Code of Ethics
- \_\_\_ Certified copy of Criminal back ground check
- \_\_\_ Copy of current valid certificate
- \_\_\_ \$200.00 Cashiers check or money order made payable the ADRA

The Application will be deficient if any of the above does not meet the standards set in the Rules of the ADRA. The applicant will be notified and allowed to correct deficiencies. The ADRA will determine the validity of all material submitted for certification.

The applicant will be notified when the Application is complete. Certification is not complete until the ADRA approves the application and issues the certificate.

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(LAC, CAC or RAC)**

**APPLICATION INSTRUCTIONS**

The instructions for completing the forms to apply for certification by the ADRA were written for those who are applying for their initial certifications. The majority of those instructions are applicable to those who are applying for certification by reciprocity from another state. This page lists the exceptions and changes to the instructions to accommodate reciprocity applicants.

- A. All reference to examination may be ignored. Reciprocity applicants are exempt from examination because they have already sat for and passed competency based examinations. Copies of applicants' examination scores are to be provided along with the name of the test taken. (These should be available from the IC&RC member board here in Louisiana).
- B. Applicants for reciprocity must include an Exemption from Examination form. Enter the certification or license designation and #. Enter the name of the issuing agency, its address, city, state, and ZIP. List the name of the contact person at that agency to verify the certification or license and that person's phone number including area code. Check yes or no for each of the requirements to demonstrate they are substantially equal to those of the ADRA. Also, reciprocity applicants must sign the form and date their signature.
- C. Applicants for reciprocity must submit a copy of their current valid certificate.
- D. The Exemption from Examination Form, copy of the current valid certificate, and a copy of written and oral examination scores should be added to the list in Chapter 4 of the instructions.

**Mail Application Package to:  
ADRA - Reciprocity  
628 North 4<sup>th</sup> Street  
Baton Rouge, LA 70802**

**Addictive Disorder Regulatory Authority  
(ADRA)**

**APPLICATION for LAC, CAC or RAC**

**AFFIDAVIT**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby affirm that the following is submitted for the purpose of applying for certification as a Licensed Addiction Counselor, Certified Addictions Counselor or Registered Addictions 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 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 itself does not guarantee credentialing.
6. I understand that any information of a personal nature will be treated as confidential, and, correspondingly, 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: \_\_\_\_\_

**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.

# **Addictive Disorder Regulatory Authority (ADRA)**

## **RULES (Title 46, Part LXXX)**

### **LAC, CAC or RAC**

#### **SCOPE OF PRACTICE**

- §301 A.** A Licensed, Certified or Registered Addiction Counselor (LAC, CAC or RAC) is entitled to practice addiction counseling within the meaning and intent of these rules and regulations which shall consist of the rendering of professional guidance to individuals suffering from an addictive disorder to assist them in gaining an understanding of the nature of their disorder and developing and maintaining a responsible lifestyle. The scope of the practice shall include making referrals to appropriate professionals, providing counseling to family members, and, as appropriate, to others affected by the individual's addictive disorder, and utilizing the core functions, global criteria and the Knowledge, Skills and Attitudes (KSA's) of addictive disorder counseling.
- C.** Nothing in these rules and regulations shall be construed to authorize an addictions counselor to practice medicine, social work, or psychology, or to provide counseling for disorders other than addictive disorders. A substance abuse counselor shall not order, administer, or interpret psychological tests or utilize psychometric procedures.

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

**§1503. Relationships with Clients**

- A. A counselor 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 counselor 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 counselor 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 counselor for the referral of clients for professional services.

- E. A counselor shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.
- F. A counselor 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 counselor 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 counselor 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 counselor shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
- J. A counselor shall not engage in activities that seek to meet the counselor's personal needs at the expense of a client.
- K. A counselor shall not engage in sexual intimacies with any client.
- L. A counselor shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

**§1505. Counselors 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 licensed as an LAC, CAC or RAC is bound by the provisions of the Counselor Act and the rules of the ADRA in rendering counseling services.
- B. A counselor shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
- C. A counselor 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 counselor 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 counselor to respond to a request for information or other correspondence as unprofessional conduct and grounds for disciplinary proceedings.
- F. A counselor must participate in continuing education programs which are required by ADRA rule.
- G. Applicants for certification as a counselor or for specialty designations shall not use current employees of the ADRA as references.

**§1507. Advertising and Announcements**

- A. Information used by a counselor 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 counselor with regard to the use of any medium, the counselor's personal appearance or the use of his personal voice, the size or duration of an advertisement by a counselor, or the use of a trade name.

**§1509. Every Licensed Addiction Counselor Certified Addiction, Counselor and Registered Addiction Counselor (LAC, CAC and RAC) 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 counselors 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 Disorder Regulatory Authority  
(ADRA)**

**APPLICATION FOR LAC, CAC or RAC  
EMPLOYMENT HISTORY**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
List employment for at least the past 10 years, in reverse order (begin with present/last). (make copies as needed.)

Dates: from \_\_\_\_\_ to \_\_\_\_\_ SA \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Average hours worked weekly

Duties: \_\_\_\_\_

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Dates: from \_\_\_\_\_ to \_\_\_\_\_ SA \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Average hours worked weekly

Duties: \_\_\_\_\_

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Dates: from \_\_\_\_\_ to \_\_\_\_\_ SA \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
Average hours worked weekly

Duties: \_\_\_\_\_

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**Addictive Disorders Regulatory Authority  
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**APPLICATION FOR CERTIFICATION by RECIPROCITY  
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EXEMPTION FROM EXAMINATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I claim exemption from examination based upon reciprocity from another state.

Attach a copy of your current valid certificate or license. # \_\_\_\_\_

Name of Issuing Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

City, State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby certify that this Certificate is based upon the following minimum requirements:

<b>Minimum Requirement</b>	<b>Yes</b>	<b>No</b>	<b>Verified</b>
1. At least 21 years of age.	Y	N	V
2. Citizen of the United States.	Y	N	V
3. Not in violation of any ethical standards.	Y	N	V
4. Not an abuser of alcohol or other drugs and not a compulsive gambler during the previous two years.	Y	N	V
5. Not convicted of a felony.	Y	N	V
6. Bachelor's degree from accredited institution.	Y	N	V
7. Addiction counseling education.	Y	N	V
8. Addiction counseling experience.	Y	N	V
9. Written examination.	Y	N	V
10. Oral examination of competency in core functions.	Y	N	V

**Attach a copy of examination scores and the name of the examination taken.**

I hereby grant the ADRA permission to verify these requirements with the contact person above. I agree to provide any other verification required by the ADRA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_