

**Addictive Disorders Regulatory Authority
(ADRA)**

APPLICATION FOR LPP, CPP or RPP

AFFIDAVIT

Name: _____ **Date:** _____

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

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: _____