

Addictive Disorders Regulatory Authority (ADRA)

INSTRUCTIONS for APPLICATION for LPP, CPP or RPP

FOREWORD

These instructions have been prepared by the ADRA as a guide for use by those persons who desire to complete the forms to apply for certification by the ADRA. The rules which govern the operation of the ADRA, the credentialing of prevention professionals and the practice of substance abuse prevention are published in LAC 46: LXXX. The statutes and rules are available under the legal citations listed. The ADRA and its agents cannot evaluate any application 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 rules to be complete and allow the applicant to proceed in the certification process. Applications which do not meet all the standards set in the rules will be deficient. The applicant will be allowed to correct deficiencies. The ADRA evaluates the validity of all materials concerning certification. Submitting an application in itself does not guarantee certification. Upon being notified that an application is complete, the ADRA approves the application and issues the certificate.

1. GENERAL INSTRUCTIONS

- a. The Cover Sheet must be returned as the first document of your application package when it is submitted.
- b. You may copy any forms that you wish, if you need to continue onto a second page, just copy the form and note the page numbers in the lower right corner.
- c. All materials submitted become the property of the ADRA and cannot be returned. A clean, legible copy of any certificate, transcript, or other document is sufficient.
- d. The ADRA hesitates evaluating any of the material you plan to submit until you have submitted a complete application package. Should you have a question, address it to the ADRA in writing or by email at lmayeux@la-adra.org.
- e. It is recommended that you have a knowledgeable Prevention Professional review your application package before you submit it.
- f. Collect all your documents and records before you begin to fill out the forms. Don't forget to have a picture taken, and that you will need to have the affidavit notarized after the picture is attached.
- g. All forms, except the Cover Sheet, have similar header information. Simply fill in the date you fill out the form (not the issue date), and your name.

2. FORMS

The following paragraphs give a list of the forms to be included with the application package you submit. A copy of each of these forms is available to you on our website (www.la-adra.org). Your application must contain all of these to be complete.

- 1) **COVER SHEET** - The Cover Sheet must be returned as the first document of the application package you submit. Refer to the check list when you assemble the application package to mail it to the office of the ADRA. Assemble the package in the order listed. The evaluation and reference forms are to be given by you to the individuals you choose. They are to mail the completed form directly to the ADRA. You are not to receive a copy of any evaluation or reference.
- 2) **AFFIDAVIT** - Read the affirmation that you will sign. Attach a full face photograph to the Affidavit Form in the location indicated in the lower right. The photo need not be the exact dimensions of the space outlined; however, it should not cover any other print. A passport photo would be sufficient. Sign the Affidavit Form and date your signature in the presence of a Notary Public. The Notary Seal must overlap the photograph. That is, it must touch the paper and a portion of the photo as it is attached to the form.
- 3) **PERSONAL DATA** - Enter your mailing address, city, state, ZIP, and home phone including area code. Under employer, list the name of the agency, institution, or organization where you work. List your position and the name of your immediate supervisor. Enter the mailing address of your employer, city, state, ZIP, and your work phone including area code. Check the appropriate demographics for sex, handicapped status, and race. If you checked yes for handicapped, attach a description of your handicap and whether you will require special procedures. Enter your social security number, date of birth, current age, citizenship, and place of birth. If you were not born in the US, attach an explanation to verify your citizenship. Answer the question concerning censorship by any professional organization. If yes, attach a full explanation. Answer the recovery question and enter your sobriety date, if applicable. Answer the felony question. If yes, attach a full explanation including your request for the ADRA to exercise its discretion to grant a waiver. Should this be necessary, it is your responsibility to present adequate justification for the ADRA to take action on your behalf. List any other licenses and certification you hold by specifically stating the agency, license/certificate and number, and expiration date. Read the statement that you agree to inform the ADRA of any changes in the personal data you are filing, and that failure to do so is a violation of the code of ethics. Sign the form and date your signature. Check and list your Prevention Specialist in Training number. Or, check that you are not registered with the ADRA and attach a full explanation. That explanation might be that you are from out of the state; that you gained you're licensed by another Board. In any event, you must provide documentation that you have complied with the rules and regulations of the ADRA.
- 4) **EDUCATION HISTORY** - Check if you have a High School diploma and enter your date of graduation, the name of the school, and its location. Or, check that you have a GED and enter the date you earned it. Enter your significant educational accomplishments since high school. Make additional copies of the form and number the pages sequentially in the lower right corner, if required. These entries are your overall, general education. The specific requirements for certification will be listed on another form. Dates should be entered as from (f) and to (t). The name of the college or university, school, or trainer or provider should be entered using abbreviations whenever possible. Enter the location (city), or the specific address, if known. If a degree, diploma, or certificate was earned, give the type and date. Enter the number of semester

or clock hours completed whether or not a degree/diploma/certificate was earned. List the subject using abbreviations whenever possible. Check the CP column if the significant educational accomplishment included topics in prevention education.

- 5) **PREVENTION EDUCATION** – A minimum of 100 hours of education. 50 of these hours must be specific to addictive disorder training and at least 6 hours must be documented in professional ethics. You must also document successful completion of 30 hours of a National Prevention Training program approved by the ADRA – these hours may be included in the required 100 hours. Equivalency may be met by ADRA-approved educational programs at the rate of 15 contact hours per one (1) semester hour. Enter the dates of attendance, the AIHE (Approved Institute of Higher Education) or AEP (Approved Educational Provider) number of the provider, the course or subject, and the number of hours earned. Make additional copies of this form as required and number the pages in order on the bottom of the page. If multiple pages, enter “continued” for the total of hours on all but the final page. Enter the total number of semester “s” hours and clock “c” hours claimed on the final page of this form. A copy of a transcript or certificate must be attached to document each entry. Attach them in the order listed on the form.
- 6) **EMPLOYMENT HISTORY** - List your employment history for at least the past 10 years. You need not list periods of unemployment or being a student. Begin with your current or most recent employer and work back. Make additional copies of this form as required. Number the pages in order in the lower right corner. Enter the dates you started and ended work. Give the name and address of each employer. List your immediate supervisor and his/her work phone. Give the position title you held and check whether full- or part-time. Describe your duties and responsibilities. Check beside CP, if the position included Prevention experience.
- 7) **PREVENTION EXPERIENCE** – If you possess a **Master’s Degree or Bachelor’s Degree** (Human Services or Education) you must document 2,000 hours (one-year full-time) of ADRA approved supervised experience engaged in the providing of prevention services. Of these 2,000 hours, 120 hour practicum in the five performance domains (minimum of 10 hours in each). This experience must be in ADRA-approved institutions related to alcohol, tobacco, and other drugs. The experience must be in the actual practice of the performance domains. If you do not possess a degree you must document 10,000 hours (five years full-time) of ADRA approved supervised experience engaged in the providing of prevention services. Of these 10,000 hours, 120 hour practicum in the five performance domains (minimum of 10 hours in each). All experience must be done under the supervision of a Licensed Prevention Professional. The minimum direct supervision of a trainee is one hour per week. Make additional copies of this form as required and number the pages in order on the bottom of the page. Use one form for each training provider. Enter the institution, agency, or organization where you received your experience. Enter the location or address of the provider, city, state, and experience, and state the position title you held during that time. You may enter the hours in the table from your records or have your supervisor enter them from his/her records. The definition of the performance domains and a list of direct supervision techniques is provided for easy reference. Total the number of hours of overall experience and the number of hours of direct supervision. Have your supervisor sign and date the form. Your supervisor is to provide documentation of being a qualified professional supervisor.
- 8) **RULES AND CODE OF ETHICS** - Sign and date the reprint of excerpts from the Rules, including the complete Code of Ethics.

3. **CONFIDENTIAL FORMS** - The following paragraphs list the forms to be mailed directly to the ADRA. Copies of these forms are available to you on our website (www.la-adra.org). These forms must be received for your application to be complete.

These forms are:

- Supervisor's Evaluation
- Professional Reference

One Supervisor's Evaluation and **three** Professional Reference forms are required for each application. It is suggested that you provide a stamped envelope addressed to the ADRA when you deliver each form for evaluation or reference. Enter the name of the supervisor or reference. Sign by the **X** near the center of the front page. **DO NOT** enter any other data or information on any of these forms. Deliver each form to the person you selected. An ADRA staff member cannot be used for reference. You are not to receive a copy of any of these forms. They are confidential and are to be mailed directly to the ADRA.

4. **ASSEMBLE AND MAIL** – When you have entered all the information and data required on the forms, you are ready to have the final copy prepared. Collect the forms, attachments, and statements. Arrange them in order with all the documents supporting a form immediately following it.

For example:

- Cover Sheet
- Affidavit (with photo, signed, notarized)
- Personal Data (signed)
- Handicap statement (if needed)
- Citizenship explanation (if needed)
- Censored explanation (if needed)
- Felony statement
- Request for waiver
- Documentation of complying with rules, if not licensed by the ADRA
- Education History (extra pages, if needed)
- Transcript showing degree
- Prevention Education (extra pages, if needed)
- Transcripts and certificates, in order
- Prevention Experience (extra pages, if needed)
- Employment History (extra pages, if needed)
- Code of Ethics (signed)
- Certified copy of criminal back ground/history check

Make a copy of the final package for your records. Place the originals in a heavy-duty envelope or carton and mail to the address on the Cover Sheet. If you wish confirmation that your package arrived, include a prepaid, self-addressed postcard with the following statement: "Application package of (your name) was received by the ADRA on _____." The office staff will fill in the blank and mail the postcard back to you.

AMERICANS WITH DISABILITIES ACT

The Louisiana State DHH-OAD 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, please notify the ADRA in writing of your request.