

**Addictive Disorder Regulatory Authority  
(ADRA)**

**APPLICATION FOR CERTIFICATION  
LPP, CPP or RPP  
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 prevention specialist-in-training: PSIT #: \_\_\_\_\_.

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