

**Addictive Disorders Regulatory Authority  
(ADRA)**

**APPLICATION FOR CERTIFICATION by RECIPROcity  
LPP, CPP or RPP**

**COVER SHEET**

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

**CHECK LIST**

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

- Valid Cover Sheet
- Affidavit
- Personal Data
- Education History
- Prevention Education
- Employment History
- Prevention Experience
- Signed Code of Ethics
- Certified copy of Criminal back ground check
- Exemption from Examination
- Copy of current valid certificate
- Copy of examination scores

And, the following, which must be mailed directly to the ADRA:

- Supervisor's Evaluation Form
- Three (3) Professional Reference Forms

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.

**Department of Health and Hospitals – Office for Addictive Disorders**

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**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 examination scores should be added to the list in Chapter 4 of the instructions.

**Mail Application Package to:  
ADRA  
628 North Fourth Street  
Baton Rouge, LA 70802**

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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: \_\_\_\_\_ Zip: \_\_\_\_\_

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. 100 clock hours of prevention related courses.	Y	N	V
8. Two or five years full-time prevention experience (depending on education level) with 120 clock hours in the performance domains with a minimum of ten or twenty hours in each performance domain.	Y	N	V
9. Written examination.	Y	N	V
10. Certified copy of criminal history.	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:** \_\_\_\_\_

**For Office Use Only:**

Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Reviewed: \_\_\_\_\_ CPS #: \_\_\_\_\_ Mailed: \_\_\_\_\_