

# Addictive Disorder Regulatory Authority (ADRA)

## Registration as a Prevention Specialist in Training

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

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Must be at least 18 year old)

EMPLOYER: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_ Home \_\_\_\_ Work

Are you in recovery? \_\_\_\_ No \_\_\_\_ Yes, my sobriety date is: \_\_\_\_\_, years: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ No \_\_\_\_ Yes, attach a certified copy of your criminal back ground/history check whether or not you have been convicted of a felony.

It is my intention to seek certification as a LPP, CPP, or RPP. I am requesting this registration while in training to gain the required knowledge, skills, and experience. I understand that I may practice primary prevention only under the supervision of a qualified professional supervisor. I agree to adhere to the Rules of the ADRA, and to give notice of any changes in the above information. I am responsible for annual renewal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement

I here by attest to the facts that I am at least eighteen years old and a legal resident of the United States, if not a citizen. That I am not in violation of any ethical standards relating to addiction counseling or prevention, that I have not abused drugs or alcohol and have not been a compulsive gambler during the past two years, that I have not been convicted of a felony. (You may apply for waivers concerning the substance abuse, gambling or felony. Contact the ADRA office for instructions.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUPERVISOR' S CONTACT INFORMATION

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

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SUPERVISOR'S STATEMENT

I have agreed to serve as the qualified professional supervisor for the applicant while in training. I will notify the ADRA immediately if this agreement ceases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ I am certified with the ADRA as a Licensed Prevention Professional. LPP # \_\_\_\_\_ (Attach copy of LPP card)

### Required Material Checklist for PSIT Applicant

- Copy of supervisor's credentials
- Signed code of ethics
- Copy of driver's license or photo I.D.
- Original State Background Check (see "Right to Review Procedures" attached)
- Three professional references
- A One Year Supervisory Plan filled out by your LPP
- \$50.00 application processing fee (accepted forms of payment are cashier's check, money order, company check, or pay online at [www.la-adra.org](http://www.la-adra.org) through Paypal – NO PERSONAL CHECKS)

**Mail Registration Packet to:**  
**ADRA**  
**628 North Fourth Street**  
**Baton Rouge, LA 70802**

## **Right to Review Procedures:**

### **To receive a Certified Copy of your State Background Check**

#### **BY MAIL:**

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at [lsp.org](http://lsp.org) under “Forms and Applications”
2. Include a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Include a current original fingerprint card (not previously processed) on a FBI Applicant Fingerprint Card taken by a local law enforcement agency and bearing your name, race, sex, date of birth, social security number, place of birth, reason fingerprinted (should state: “Right to Review”) and residence of applicant (address). Contact local law enforcement agencies to determine the fee that may be required for fingerprinting.
4. Mail Authorization form, Rap Disclosure form, fee and fingerprints to:  
Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614, Mail Slip A-6,  
Baton Rouge, LA 70896.
5. Individual will receive a certified copy of their Criminal History Rapsheet by mail. This process takes approx 14-21 days from time of receipt.

#### **WALK IN:**

1. Complete a Rap Disclosure form and Authorization form. Forms are available online at [lsp.org](http://lsp.org) under “Forms and Applications”
2. Bring a \$26 processing fee in the form of a money order, cashier’s check or business check, made payable to Department of Public Safety.
3. Bring a \$10 fingerprinting fee in the form a money order, cashier’s check or business check made payable to Department of Public safety. Fingerprints will be scanned electronically and submitted while individual waits.

**\*\*\* THESE ARE TWO SEPARATE FEES \*\*\***

4. Individual will receive a certified copy of their Criminal History Rapsheet before they leave. This process takes approx 20 min from the time an individual is fingerprinted.
5. Our building is location at: 7919 Independence Blvd  
Baton Rouge, La 70806  
Hours of operation are 8:00 am to 4:00 pm Monday thru Friday.

# Addictive Disorder Regulatory Authority (ADRA)

## RULES (Title 46, Part LXXX)

### Prevention Specialist in Training

- §301 B.** The practice of prevention within the meaning and intent of these rules and regulations shall consist of the rendering of prevention services. The scope of the practice shall include collaboration with qualified professionals and utilization of the performance domains of prevention to increase the awareness of high risk behaviors and the perception that high risk behaviors are, or potentially can be, harmful. In addition to any other positive outcomes that may be sought, the practice of prevention seeks to:
1. prevent and reduce the availability of alcohol, tobacco and other substances to youth; achieve long term reductions in underage drinking and the use of tobacco and other drugs;
  2. prevent and reduce the underage access to and use of alcohol;
  3. impact other prioritized substance use and related behaviors including increased or retained employment or return to and stay in school.
  4. decrease criminal justice involvement;
  5. increase stability in family and living conditions;
  6. increase access to services (including treatment services);
  7. increase social supports and increase social connectedness.
- §301 D.** Nothing in these rules and regulations shall be construed to authorize a prevention professional to practice anything other than prevention.

### PROHIBITED ACTIVITIES

- §1905** No person shall hold himself out as a prevention professional unless he has been licensed, certified or holds a status as such under the provisions of the Rules and Regulations of the ADRA. A Prevention Professional is any person who provides prevention services that utilize the performance domains specific to prevention.

### ENFORCEMENT AUTHORITY

- §901.** The ADRA shall have the power to deny, revoke, or suspend its certification, or status 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 prevention professional.
  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 prevention professional.
  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. Integrity**

To maintain and broaden public confidence, Prevention Professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention Professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a Prevention Professional should be supportive of assistance or treatment.
- D. A Prevention Professional should not be associated directly or indirectly with any service, products, individuals, and organization in a way that is misleading.

- E. Information used by a prevention professional in any advertisement or announcement of services shall not contain information, which is false, inaccurate, misleading, partial, out of context, or deceptive.

**§1503. Nature of Services**

Practices shall do no harm to service recipient. Services provided by Prevention Professionals shall be respectful and nonexploitive.

- A. Services should be provided in a way that preserves the protective factors inherent in each culture and individual.
- B. Prevention Professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, the Prevention Professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

**§1505. Prevention Professionals and the ADRA**

- A. Irrespective of any training other than training in prevention which a person may have completed, or any other License, certification, or statu which a person may possess, or any other professional title or label which a person may claim, any person credentialed as an LPP, CPP, RPP or holds PSIT status is bound by the provisions of the Act 427 and the rules of the ADRA in rendering prevention services.
- B. A prevention professional shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
- C. A prevention professional 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 license, certification, status (or renewal) as a prevention professional 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 prevention professional to respond to a request for information or other correspondence as unprofessional conduct and grounds for disciplinary proceedings.
- F. A prevention professional must participate in continuing education programs which are required by ADRA rule.
- G. Applicants for license, certification or status as a prevention professional or for specialty designations shall not use current employees of the ADRA as references.

**§1507. Competence**

A Prevention Professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires professionals to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which they are responsible.
- C. Prevention Professionals should recognize limitations and boundaries of competencies and not use techniques or offer services outside of their competencies. Professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.

**§1509. Every Prevention Specialist in Training (PSIT) Must Agree to Affirm:**

- A. That my primary goal is prevention and scope of practice shall adhere to the requirements of the state's strategic prevention plan and shall do nothing inconsistent with or in derogation of that plan.
- B. That I shall evidence a genuine interest in all service recipients and do hereby dedicate myself to the best interest of those recipients, and to assisting them to help themselves.
- C. That at all times I shall maintain a professional relationship with all service recipients.
- D. That I will be willing to recognize when it is to the best interest of a service recipient to 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 service recipient.
- F. That I shall not in any way discriminate based on race, creed, age, sex, handicaps, or personal attributes.
- G. That I shall respect the rights and views of other 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 service recipient.
- 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 should be proactive on public policy and proactive on legislative issues to the extent allowed by my employment.
- K. That I shall employ the public welfare and the individual's right to services and personal wellness to guide my effort to educate the general public and policy makers.
- L. That I will adopt a personal and professional stance that promotes health.
- M. That I have an individual responsibility for my own conduct.

Signature: \_\_\_\_\_

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

# Addictive Disorders Regulatory Authority (ADRA)

## APPLICATION for PSIT

### PROFESSIONAL REFERENCE

(3 are required)

**CONFIDENTIAL**

Applicant's **NAME:** \_\_\_\_\_ Date: \_\_\_\_\_

**TO:** Reference's Name: \_\_\_\_\_

The applicant listed above is applying to the ADRA for certification as a Prevention Specialist-in-Training (PSIT). The information requested is an essential part of the ADRA's evaluation of the competence of the applicant and must be on file before the application can be processed. This evaluation is confidential. Please return it within a week directly to the ADRA office. Your cooperation is greatly appreciated

I hereby request this confidential evaluation.  \_\_\_\_\_  
Applicant's Signature

On the basis of your knowledge of the above named applicant, rate him/her relative to each attribute listed below. Circle the appropriate number.

Rating Scale: 1 = poor, 2 = fair, 3 = acceptable, 4 = good, 5 = very good, 6 = superior

Attribute:	Poor -----> Superior						Don't Know
1. Common Sense	1	2	3	4	5	6	D/K
2. Poise	1	2	3	4	5	6	D/K
3. Enthusiasm	1	2	3	4	5	6	D/K
4. Reliability	1	2	3	4	5	6	D/K
5. Personal and Professional Honesty	1	2	3	4	5	6	D/K
6. Ability to Work with Others	1	2	3	4	5	6	D/K
7. Ethics	1	2	3	4	5	6	D/K
8. Knowledge of Prevention Field	1	2	3	4	5	6	D/K
9. Knowledge of Addiction Field	1	2	3	4	5	6	D/K
10. Appropriateness of Relationship with Service Recipients	1	2	3	4	5	6	D/K
11. Communication Skills	1	2	3	4	5	6	D/K
12. Attitude	1	2	3	4	5	6	D/K

Additional Comments: \_\_\_\_\_

**PROFESSIONAL REFERENCE**

(Continued)

**CONFIDENTIAL**

Reference's Name: \_\_\_\_\_

Reference's Position: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

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

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**STATEMENT**

I have known \_\_\_\_\_ for \_\_\_\_\_ years.  
Name of Applicant

My relationship with the applicant is: \_\_\_\_\_

My knowledge of the professional competence of the applicant is based upon: \_\_\_\_\_

I offer the following general remarks: \_\_\_\_\_

\_\_\_\_\_

I offer the following recommendation: \_\_\_\_\_

(Attach additional sheets if necessary)

I hereby certify that this rating is, to the best of my knowledge, truthful, and reflects as accurately as possible my knowledge of the applicant.

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference's Credentials: \_\_\_\_\_

The ADRA reserves the right to request further information from you concerning this applicant.

**RETURN THIS FORM DIRECTLY TO:**

**ADRA**

**628 North Fourth Street**

**Baton Rouge, LA 70802**

**CONFIDENTIAL -- DO NOT RETURN THIS FORM TO THE APPLICANT**