Addictive Disorders Regulatory Authority
(ADRA)

Application for REGISTRATION
REGISTERED PREVENTIONIST

NAME: _____ Date: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: (_____) _____ - _____ E-mail Address: _____

Soc. Sec. #: _____ - _____ - _____ Date of Birth: _____ Age: _____
Must be at least 21 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.

I understand that I may practice primary prevention only under the supervision of a qualified professional supervisor. I here by attest to the facts that I am at least twenty-one years old and a legal resident of the United States, if not a citizen. I am not in violation of any ethical standards relating prevention, that I have not abused drugs or alcohol and have not been a compulsive gambler during the past two years. (You may apply for waivers concerning the substance abuse, gambling or felony. Contact the ADRA office for instructions.) 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: _____

Cashiers Check or Money Order for $ 25.00 made payable to the ADRA

SUPERVISOR

I have agreed to serve as the qualified professional supervisor for the above individual. I will notify the ADRA immediately if this agreement ceases.

Signature: _____ Date: _____

___ I am certified with the ADRA as a Certified Prevention Specialist: CPS # _____.

___ I am certified with the ADRA as a certified counselor supervisor: CCS #_____.

___ I am not registered, but am attaching a copy of my license and curriculum vitae which demonstrates that I am competent to provide supervision in addictive disorders treatment and/or prevention.

Required Material

- Proof of High School diploma or equivalent
- Proof of age (copy of photo I.D.)
- Proof of legal residency (copy of photo I.D.)
- Signed code of ethics
- Certified copy of criminal record
- Documentation of completion of thirty (30) hours national prevention training
- Documentation of completion of six (6) hours of training in professional ethics
- Three professional references
- Cashiers check or money order for $ 25.00 made payable to ADRA

Mail this application to:

ADRA – Registration
628 North Fourth Street
Baton Rouge, LA 70802