

CERTIFICATION EXAMINING BOARD OF LASACT, INC.

P.O. Box 80235 – Baton Rouge, LA 70898-0235

Phone: 225-766-2992 · Fax: 225-766-8552 · e-mail: admin@lasact.org · www.lasact.org

ADVANCED ALCOHOL AND DRUG COUNSELOR (AADC) NOT COINCIDING WITH ADRA CREDENTIAL

Name to appear on certificate _____

Please Print

Address: _____

Street/Apt. #/ P.O. Box

City _____ State _____ ZIP _____
Phone: W _____ H _____ Fax _____ e-mail _____

Place of Employment: _____

Employer's Address: _____

City _____ State _____ ZIP _____

Enclosures:

- Copy of current ADRA Certification Card (LAC/CAC/RAC);
- Documentation and verification of 48 hours of continuing education within the two year period preceding the AADC expiration date, with a minimum of 38 hours specific to substance abuse.
- I have not yet received my renewed Certification Card; I will mail or fax a copy of it to you when received.
- Check or Money Order for recertification fee in the amount of \$ _____

Processing fee is \$75.00 for current LASACT members or \$125.00 for non-members.

Make checks payable to: LASACT/CEB - P. O. Box 80235 - Baton Rouge, LA 70898-0235

If mailing after expiration date of AADC, please enclose an additional \$50 late fee.

Signature below denotes that applicant:

is currently active in the field of alcohol and substance abuse; free of any ethical or malpractice violation; and ACCEPTS ALL OF THE PRINCIPLES OF THE ADRA CODE OF ETHICS AND DISCIPLINARY PROCEDURE. Applicant understands the AADC is not a substitute or a replacement for the ADRA right to practice credential and is therefore not a license with which to practice substance abuse counseling.

Name Printed

Signature

Date

**THIS FORM AND OTHER REQUIRED INFORMATION MUST BE RECEIVED IN THE LASACT
OFFICE BY THE RENEWAL DATE OR A LATE FEE OF \$50 IS REQUIRED.**