

# CERTIFICATION EXAMINING BOARD OF LASACT, INC.

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

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## APPLICATION FOR RECERTIFICATION

**2-YEAR PERIOD**—Expires February 3, 2020

**AADC/CCJP/CCDP and/or CCDP-D** (Until February 3, 2022)

Name to appear on certificate(s) \_\_\_\_\_

Please Print Clearly

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

Street/Apt. #/ P.O. Box

City/State/ZIP

Phone: W \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

City

State

ZIP

### Required Enclosures - check applicable statement:

\_\_\_\_ Copy of **current ADRA Credentialing** Card or other masters level credentialing card showing expiration date of 12/31/2021. *Your renewal **cannot** be processed until we receive a copy of your card verifying that you hold a current and valid right to practice credential. **Do not send** your current LASACT credential card.*

### Payment Options: Check applicable item

\_\_\_\_ Online at [www.lasact.org](http://www.lasact.org) using PayPal **AND** fax application form to 225.766.8552. If a late fee is required, a separate PayPal payment must be made.

\_\_\_\_ Check or Money Order for re-certification fee in the amount of \$\_\_\_\_\_ Make check payable to LASACT/CEB.

Mail to P.O. Box 80235, Baton Rouge, LA 70898-0235 **AND** attach required forms

\_\_\_\_ Payment by Credit Card (use the form below or call information in to 225.766.2992 **AND** fax the required forms to 225.766.8552) or pay with Pay Pal by accessing [www.lasact.org](http://www.lasact.org) / [Credentialing](#) tab. (**Convenience Fees Apply to Credit Card / Pay Pal Payments**)

**If renewing More than One credential for a 2-year period**  
**(AADC/CCJP/CCDP and/or CCDP-D):**

- LASACT members - send \$150 - Non-members - send \$305

- \$50 late fee per application is required if application is sent after the expiration date.
- \$25 fee for each Official International Certificate ordered (OPTIONAL)

Signature below denotes that applicant:

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

Print Name Here \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev 9/2019

**THIS FORM AND OTHER REQUIRED INFORMATION MUST BE POSTMARKED BY 2/3/2020 TO AVOID THE \$50 LATE FEE.**

### IF PAYING WITH CREDIT CARD:

NAME ON CARD: \_\_\_\_\_

EXPIRE

DATE: \_\_\_\_\_

CARD #: \_\_\_\_\_ SECURITY CODE : \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

**Certification Examining Board of LASACT**  
**SUMMARY OF CONTINUING EDUCATION FOR RENEWAL**  
**2 YEAR CERTIFICATION**

Name: \_\_\_\_\_

Dates to be covered 2/3/2018 - 2/3/2020

Continuing Education Requirement: 40 hours in integrated services / co-occurring disorders / dual diagnosis between the dates of 2/3/2018 and 2/3/2020. **(AADC's do not need to complete this form)**

Date	Provider	Title	# Hours
		<b>Total Hours</b>	

Make extra copies as needed.

**Instructions:**

- ✓ Enter only one educational event per row.
- ✓ Provide the information requested in each column for each educational event.
- ✓ Number of hours must total a minimum of 40 for the period 2/3/2018 to 2/3/2020.
- ✓ Attach a copy of a certificate for each educational event listed. **Certificates must show** the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected. Title of educational event must indicate clearly that it is related to integrated services and/or co-occurring disorders.
- ✓ If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.

**THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING "CERTIFICATES ATTACHED" IS NOT ACCEPTABLE**