Addictive Disorder Regulatory Authority (ADRA)

APPLICATION FOR RENEWAL OF PRACTICE CREDENTIAL FOR ADDICTION COUNSELORS

COVER SHEET

NAME: __________________________________________________________________________ DATE: __________________________

Only completed applications will be processed. The application will be deficient if any of the below does not meet the standards set in the Rules of the ADRA. The applicant will be notified and allowed to correct deficiencies.

*THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE OF RECEIPT. AFTER WHICH, THE APPLICATION WILL BE DISCARDED.*

*ALL APPLICATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE*

CHECK LIST

The Renewal Application must contain the following:

___ Cover Sheet
___ Personal Data
___ Signed copy of Rules, including Code of Ethics
___ Education History – Need copies of certificates
___ Pre/Post-Approval for CEU’s (if applicable)
___ Quality Assurance Review

ATTACH Non-Refundable, Non-Transferable Cashier’s Check, Money Order or Company Check made payable to the ADRA
Fees can also be paid at www.la-adra.org through PayPal
*Personal checks will not be accepted*

Renewal Fee: $ 200.00
Late Fee: $ 150.00 (if postmarked after expiration date)
Pre/Post-Approval Education: $ 25.00 for each 15 clock hours to be approved (if applicable)

Please indicate method of payment and total amount enclosed: ______________________

___ Cashier’s Check ___ Money Order ___ Company Check ___ PayPal (include a copy of your receipt)

Mail Completed Application Package to:
ADRA - Certification
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808

LAC #_________
CAC #_________
RAC #_________
Start Date: __/__/_____
Expiration: __/__/_____

Renewal Feb 2012

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PRACTICE CREDENTIAL FOR ADDICTION COUNSELORS
PERSONAL DATA

NAME: ____________________________________________ Date: __________________
Address: ____________________________________________________________________________
City, State: __________________________________________________ Zip: __________________
Home Phone: (_________) _________ - __________ E-mail Address: __________________________

EMPLOYER:

Position: ____________________________________________
Address: ____________________________________________________________________________
City, State: __________________________________________________ Zip: __________________
Work Phone: (_________) _________ - __________
Supervisor: __________________________ Supervisor’s Email: __________________________

Preferred Mailing Address: Home _____ Work _____

Gender: Male _____ Female _____
Race: Black _____ Caucasian _____ Hispanic _____ Asian _____ Other __________________________
Soc. Sec. #: __________ - ______ - __________ Date of Birth: ___ / ___ / ______ Age: ______

Degree Level: HS Diploma/ GED____ Some College____ Associates____ Bachelor’s____ Master’s____ Higher____

Have you ever been officially disciplined by any professional organization for violation of any ethical standards?
No _____ Yes (attach details) _____

Are you in recovery? No _____ Yes _____ My sobriety date is: ___ / ___ / ______, # of years: ______
(If “Yes,” attach sobriety date and documentation of sobriety.)

AFFIDAVIT

I HEREBY AFFIRM THAT I AM in good standing with the ADRA and that the following is submitted for the purpose of renewing my credential for a two-year period.

1. I have not violated any of the rules of the ADRA nor engaged in any unethical or unprofessional behavior, including abuse of drugs, alcohol or compulsive gambling.
2. I have obtained a minimum of 48 hours of Continuing Education (six in ethics) during my current certification. I am enclosing documentation to demonstrate that this Continuing Education conforms to the rules of the ADRA.
3. I grant permission to the ADRA to seek any information, references, or other materials it deems necessary to determine my qualifications.
4. I hereby certify that all the enclosed application materials are, to the best of my knowledge, true and correct.

I agree to keep the above information current and notify the ADRA of any changes, and I understand that failure to do so is an ethical violation.

Signature: ____________________________________________ Date: __________________

I understand that the renewal fee is $ 200.00 and that if this application is postmarked after my expiration date, the late fee of $ 150.00 will be assessed. Payment must be made at the time of submission. Incomplete applications will not be processed.
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RULES (Title 46, Part LXXX)  
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PROHIBITED ACTIVITIES  

§1905. No person shall hold himself out as holding, or knowingly allow others to conclude or believe he holds, a credential, certification or status issued or recognized by the ADRA, unless he has qualified for such under the provisions of the addictive disorders practice act and been granted the credential, certification or status pursuant to the ADRA’s rules.  

CAUSES FOR ADMINISTRATIVE ACTION  

§901. The ADRA after due notice and hearing as set forth herein and the Administrative Procedure Act may deny, revoke, or suspend any credential or certification issued or applied for, or otherwise discipline a certificate holder, counselor or prevention specialist in training, or applicant on a finding that the has violated the Addictive Disorder Practice Act, any of the rules and regulations promulgated by the ADRA, the Code of Ethics, any supervision guidelines, any policy published by the ADRA or prior final decisions and/or consent orders involving the certificate holder, counselor or prevention specialist in training or applicant 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/her certificate to be used by another person to illegally represent himself as an Addiction Counselors, Compulsive Gambling Counselor and/or Prevention Professionals.  
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 an Addiction Counselors, Compulsive Gambling Counselor and/or Prevention Professionals.  
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 ETHICAL RESPONSIBILITY AND ACCOUNTABILITY  

§1501. Professional Representation  
A. A person holding a practice credential, specialty certification or status shall not:  
1. Misrepresent any professional qualifications or associations.  
2. Misrepresent any agency or organization by presenting it as having attributes which it does not possess.  
3. Make claims about the efficacy of any service that go beyond those which the counselor or specialist would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.  
4. Encourage or, within the counselor's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the counselor or specialist.  

§1503. Relationships with Clients  
A. A person holding a practice credential, specialty certification or status:  
1. Shall make known to a prospective client the important aspects of the professional relationship including fees and arrangements for payment which might affect the client's decision to enter into the relationship.  
2. Shall inform the client of the purposes, goals, techniques, rules of procedure, and limitations that may affect the relationship at or before the time that the professional relationship is entered.  
3. Shall provide counseling services only in the context of a professional relationship and not by means of newspaper or magazine articles, radio or television programs, mail or means of a similar nature.  
4. Shall neither accept nor pay a commission or rebate or any other of remuneration for the referral of clients for professional services.  
5. Shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.  
6. Shall not under normal circumstances be involved in the counseling of family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
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7. Shall not under normal circumstances offer professional services to a person concurrently receiving counseling or prevention assistance from another professional except with knowledge of the other professional.
8. Shall take reasonable personal action to inform responsible authorities and appropriate individuals in cases where a client's condition indicates a clear and imminent danger to the client or others.

9. Shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
10. Shall not engage in activities that seek to meet the counselor’s or specialists personal needs at the expense of a client.
11. Shall not engage in sexual intimacies with any client.
12. Shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

§1505. Persons holding a practice credential, specialty certification or status the ADRA
A. A person holding a practice credential, specialty certification or status issued by the ADRA shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
B. Any applicant for, or person holding, a practice credential, specialty certification or status under the authority of the Addictive Disorders Practice Act shall keep his/her ADRA file updated by notifying the ADRA of changes of address, telephone number and employment.
C. The ADRA may require any applicant or candidate for practice credential, specialty certification or status, or renewal of the same whose file contains negative references to come before the ADRA for an interview before the certification or specialty designation process may proceed.
D. The ADRA shall consider the failure of a person to respond to a request for information or other correspondence as unprofessional conduct and grounds for instituting disciplinary proceedings.
E. A person holding a practice credential, specialty certification or status must participate in continuing professional education programs as required and set forth in these rules.

§1507. Advertising and Announcements
A. Information used by a person holding a practice credential, specialty certification or status in any advertisement or announcement of services shall not contain information, which is false, inaccurate, misleading, partial, out of context, or deceptive.
B. The ADRA imposes no restrictions on advertising by a person holding a practice credential, specialty certification, or status with regard to the use of any medium, the person’s appearance or the use of his personal voice, the size or duration of an advertisement by a person holding a practice credential, specialty certification or status, or the use of a trade name.

§1511. Confidentiality
A. No person holding a practice credential, specialty certification or status may disclose any information he may have acquired from persons consulting him in his professional capacity that was necessary to enable him to render services to those persons except:

1. With written consent of the client, or in the case of death or disability, with written consent of his personal representative, other person authorized to sue, or the beneficiary of any insurance policy on his life, health, or physical condition; or
2. When the person is a minor under the age of 18 and the information acquired by the addictive disorder counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training indicates that a child was a victim or subject to a crime, then the addictive disorder counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry; or
3. When a communication reveals the contemplation of a crime or harmful act; or
4. When the person waives the privilege by bringing charges before the ADRA against the addictive disorder counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training.

I hereby attest that I have read and understand the information provided to me regarding the Louisiana Addictive Disorder Regulatory Authority Prohibited Activities, Enforcement Authority and Code of Ethical Responsibility and Accountability for persons holding a practice credential, specialty certificate or status. I also understand that this statement is an excerpt from the Addictive Disorders Practice Act La. R.S. 37:3386-3390.6 and Professional Occupational Standards; which I also attest to having full knowledge of.

PRINTED NAME: ___________________________ Date: ___________________

Signature: ___________________________

Renewal Feb 2012 4 ADRA
Addictive Disorder Regulatory Authority  
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APPLICATION FOR RENEWAL OF  
PRACTICE CREDENTIAL FOR ADDICTION COUNSELORS  
SUMMARY OF CONTINUING EDUCATION

Name: ____________________________________________ Date: ________________

**RULE:** Within the two (2) years prior to application for renewal, all LAC, CAC, and, RAC’s must complete at least 48 clock hours of education directly applicable to addictive disorder counseling; at least 6 of which must be in professional ethics.

**NOTES:**
1. Write the provider number in the 2nd column. If there is no provider # on your certificate, contact the ADRA to see if there is a provider number (AEP#). If the course was not pre-approved, then you must submit an Application for Pre/Post-Approval of Continuing Education. The cost associated with the Pre/Post-Approval application is $25.00 for every 15 clock hours of education not provided by an Approved Education Provider.
2. Attach copies of certificates showing the provider, provider number, date(s), title, speaker/presenter, contact hours completed, your name, and your credential #.
3. If your credential # is not on the certificate, write it in. You cannot write in the provider's name, title, speaker/presenter, hours, or your own name. These must be entered by the provider.
4. If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.

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<tr>
<th>Date(s)</th>
<th>Provider #</th>
<th>Title</th>
<th>Hours</th>
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(Make additional copies as needed)

TOTAL HOURS: ____________
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PRE/POST-APPROVAL OF CONTINUING EDUCATION

NAME: ___________________________________________ Date: __________________________

Address: ___________________________________________

City, State: __________________________ Zip: ___________________

Home Phone: (_________) _________ E-mail Address: ________________________________

PRE/POST-APPROVAL OF CONTINUING EDUCATION

SUMMARY: LAC, CAC or RAC’s may earn 100% of Continuing Education hours via the “Pre” or “Post” approval process. This process allows LAC, CAC or RAC’s to acquire credit for education that was not submitted for pre-approval by the education providers. The education must meet the same criteria of pre-approved educational providers and training.

WHEN TO APPLY: Applications may be submitted to the ADRA anytime during the 2 year re-certification period.

HOW TO APPLY:
1. Complete this form.
2. Complete a Pre/Post-Approval Education Form for each workshop you plan to attend or have attended that was not submitted for pre-approval by the education provider.

HOW MANY CAN BE SUBMITTED: You may submit multiple workshops for Pre/Post-Approval at one time. There is no limit on how many times you may apply for Pre/Post-Approval during the 2 year re-certification period.

INCLUDE: Include the information listed below
- Brochure on the workshop
- Schedule/Agenda
- Qualification of facilitator(s)/Instructor(s)
- Any additional information that you may have received pertaining to the workshop
- Proof of attendance (copy of certificate)

FEES ASSOCIATED: The processing fee for Pre/Post-Approval Education is $25 for each 15 hours to be approved.

Non-Refundable, Non-Transferable Cashier’s Check, Money Order or Company Check made payable to the ADRA
Fees can also be paid at www.la-adora.org through PayPal
*Personal checks will not be accepted*

Total number of hours to be approved: __________

Please indicate method of payment:

___ Cashier’s Check   ___ Money Order   ___ Company Check   ___ PayPal (include a copy of your receipt)
Addictive Disorder Regulatory Authority  
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PRE/POST-APPROVAL EDUCATION FORM

APPLICANT NAME: ____________________________________________________  Date(s) of Course: ______________

Title of Education Course: __________________________________________________________________________

Learning Objectives: __________________________________________________________________________

Method of Instruction: __________________________________________________________________________

Agenda/Schedule:
- Attach actual schedule showing actual time(s) education took place (including breaks, lunch, etc. If applicable)
- Instructor(s): Attach brief outline of Instructor(s)/Facilitator(s) qualifications
- Description of course
- Attach copy of certificate of completion

Note: THE ADRA has the final decision on the relevance of the education to substance abuse

**Hour(s) and Content Area(s):** Indicate the number of hours obtained from the workshop categorized by the relevant content area(s). Continuing Education Contact Hours may be earned in 30-minute increments after the first full hour of education.

**CONTENT AREA:**

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<tr>
<th>Extent</th>
<th>Description</th>
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<td>Screening</td>
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<td>Treatment Planning</td>
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<td>Counseling</td>
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<td>Other:</td>
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<td>___ Reports &amp; Record Keeping</td>
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<td>___ Consultation</td>
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Please make additional copies as needed.
Addictive Disorder Regulatory Authority (ADRA)

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QUALITY ASSURANCE REVIEW

Please read the following questions, circle your answers, and return the questionnaire with your renewal request.

1. During my contact with the ADRA, I found that all my needs were met in a timely, professional manner.
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

2. Information received from the ADRA was clear and reliable.
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

3. The ADRA’s Administrative Staff was helpful and polite.
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

4. All instructions given by ADRA are clear, easy to read, and understandable.
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

5. Please write any comment about the ADRA here. __________________________
   __________________________
   __________________________
   __________________________
   __________________________