



LOUISIANA Addictive Disorder Regulatory Authority

March 29, 2010

Dear Applicants;

Since 2004 our testing for ADRA credentials has been paid through a contract between OAD and LASACT. Due to budget cuts LASACT has been notified that effective April 30, 2010 this contract will be eliminated. Previously applicants were only required to pay the application fee of \$100.00 to ADRA. Effective immediately applicants will also be responsible for the testing fee of \$275.00 payable to LASACT CEB in advance of the exam. LASACT tests quarterly, March, June, September and December. Payment must be made to LASACT at the first of the month preceding the exam. (February 1, May 1, August 1, and November 1) in order for an exam to be ordered. Upon successful completion of an exam you will return your pass fail grade to us for completion of the application process.

Addictive Disorder Regulatory Authority (ADRA)

INSTRUCTIONS for APPLICATION for LAC, CAC or RAC

FOREWORD

These instructions have been prepared by the ADRA as a guide for use by those persons who desire to complete the forms to apply for certification by the ADRA. The ADRA implements the provisions of the Addictive Disorders Act 803 of the 2004 Regular Session. The rules which govern the operation of the ADRA, the certification of addictions counselors, and the practice of addiction counseling are published in the Louisiana statutes and rules (LAC 46: LXXX Chapters 1-19). The statutes and rules are available from the Louisiana register. Copies of reprints may be ordered from the office of the ADRA for the cost of preparation, printing and distribution.

The ADRA, employees, and agents cannot evaluate any applicant's material or documentation until a complete application has been submitted for review.

Applications will be reviewed in the order received. The application must meet all the standards set in the rules to be complete and allow the applicant to proceed in the certification process. Applications which do not meet all standards set in the rules will be reviewed and feedback given to the applicant about corrections needed. The ADRA will evaluate all materials submitted for validity as it concerns certification. Submitting an application in itself does not guarantee certification. Upon being notified that an application is complete, the applicant submits a written case and requests examination. Certification is not awarded until the exams are passed, and the ADRA approves the application and issues the certificate.

I. GENERAL INSTRUCTIONS

1. The Cover Sheet must be returned as the first document of your application package.
2. They are all available on the website: www.la-adra.org. You may copy any forms that you wish.
3. All materials submitted become the property of the ADRA and cannot be returned. A clean, legible copy of any certificate, transcript, or other document is sufficient. Retain your original certificates, we require an official college transcript sent directly to us from your school, but for initial evaluation purposes, a clear copy will start the process.
4. The ADRA cannot evaluate any material submitted until a complete application package is received. Should you have a question, address it to the ADRA in writing or by email. (admin@la-adra.org)
5. The ADRA recommends that you have a knowledgeable certified addictions counselor or CCS, (Certified Counselor Supervisor) review your application package before you submit it.
6. Collect all your documents and records before you begin to fill out the forms. Don't forget to have a picture taken, and that you will need to have the affidavit notarized after the picture is attached.
7. All forms have similar header information. Enter the date you fill out the form (not the issue date), and your name.
8. Information about the examination can be found on the International Consortium of Addiction & Prevention Credentialing Boards (ICRC) website at www.icrcaoda.org.

II. FORMS

The following paragraphs give detailed explanations and instructions for the forms to be included with the application package you submit. A copy of each of these forms is available on the web site at www.la-adra.org. Your application must contain all of these to be complete.

- A. COVER SHEET** - The Cover Sheet must be returned as the first document of the application package you submit. Refer to the check list when you assemble the application package to mail it to the ADRA. Assemble the package in the order listed. The evaluation and reference forms are to be given by you to the individuals you choose. They are to mail the completed form directly to the ADRA. You are not to receive a copy of any evaluation or reference.
- B. AFFIDAVIT** - Read the affirmation that you will sign. Attach a full face photograph to the Affidavit Form in the location indicated in the lower right. The photo need not be the exact dimensions of the space outlined; however, it should not cover any other print. A passport photo would be sufficient. Sign the Affidavit Form and date your signature in the presence of a Notary Public. The Notary Seal must overlap the photograph. That is, it must touch the paper and a portion of the photo as it is attached to the form.
- C. PERSONAL DATA** - Enter your mailing address, city, state, ZIP, and home phone including area code. Under employer, list the name of the agency, institution, or organization where you work. List your position and the name of your immediate supervisor. Enter the mailing address of your employer, city, state, ZIP, and your work phone including area code. Check the appropriate demographics for sex, handicapped status, and race. If you checked yes for handicapped, attach a description of your handicap and whether you will require special testing procedures. Enter your social security number, date of birth, current age, citizenship, and place of birth. If you were not born in the US, attach an explanation to verify your citizenship or legal residence, including copies of documentation. Answer the question concerning censorship by any professional organization. If yes, attach a full explanation. Answer the recovery question and enter your sobriety date, if applicable. Answer the felony question. If yes, attach a full explanation including your request for the ADRA to exercise its discretion to grant a waiver. Should this be necessary, it is your responsibility to present adequate justification for the ADRA to take action on your behalf. List any other licenses and certification you hold by specifically stating the agency, license/certificate and number, and expiration date. Read the statement that you agree to inform the ADRA of any changes in the personal data you are filing, and that failure to do so is a violation of the code of ethics. Sign the form and date your signature. Check and list your CIT #. Or if you have not been a registered counselor in training, check that you are not registered with the ADRA and attach a full explanation. That explanation might be that you are from out of the state; that you gained your education, training, and experience before CIT registration was available, you worked in another professional discipline; or that you exercised your privilege to not register. In any event, you must provide documentation that you have complied with the rules and regulations of the ADRA while gaining the education, training, and experience required to apply for certification.
- D. EDUCATION HISTORY** - Check if you have a High School diploma and enter your date of graduation, the name of the school, and its location. Or, check that you have a GED and enter the date you earned it. Enter your significant educational accomplishments since high school. Make additional copies of the form and number the pages sequentially in the lower right corner, if required. These entries are your overall, general education. The specific requirements for certification will be listed on another form. Dates should be entered as from (f) and to (t). The name of the college or university, school, or trainer or provider should be entered using abbreviations whenever possible. Enter the location (city), or the specific address, if known. If a degree, diploma, or certificate was earned, give the type and date. Enter the number of semester or clock hours completed whether or not a

degree/diploma/certificate was earned. List the subject using abbreviations whenever possible. Check the SA column if the significant educational accomplishment included topics in substance abuse counselor education.

- a. **ADDICTION EDUCATION** - A minimum of 270 clock hours, consisting of a minimum of 180 clock hours of specific education on addictions and the balance of 90 hours in related areas. One semester hour is equal to fifteen clock hours of other education. Enter the dates of attendance, the AIHE (Approved Institution of Higher Education) or AEP (Approved Educational Provider) number of the provider, the course or subject, and the number of hours earned. Hours shall be identified by "s" for semester hours from an AIHE or "c" for clock hours from an AEP. If the provider was not registered with the ADRA as an AIHE or AEP, list the name of the provider and provide documentation that the provider meets the standards of the ADRA. Make additional copies of this form as required and number the pages in order in the lower right corner. If multiple pages, enter "continued" for the totals on all but the final page. Enter the total number of semester "s" hours and clock "c" hours claimed on the final page of this form. A copy of a transcript or certificate must be attached to document each entry. Attach them in the order listed on the form. If they are from an accredited school or university, we require a copy of your transcript sent directly to us from the school.

E. EMPLOYMENT HISTORY - List your employment history for at least the past 10 years. You need not list periods of unemployment or being a student. Begin with your current or most recent employer and work back. Make additional copies of this form as required. Number them in order on the bottom of each page. Enter the dates you started and ended work. Give the name and address of each employer. List your immediate supervisor and his work phone. Give the position title you held and check whether full- or part-time. Describe your duties and responsibilities. Check beside SA, if the position included addictions counselor experience.

F. SUBSTANCE ABUSE EXPERIENCE - If you possess a **master's degree or higher in human sciences** approved by the ADRA which includes but is not limited to, one of the following areas: nursing, criminal justice, social work, social welfare, sociology, substance abuse, psychology, mental health counseling, education counseling, or family, child, and consumer science, you must show at least **one year of full-time experience**, or the equivalent of at least 2,000 hours, in addictions counseling. The experience must be in the actual performance of the core functions. Of those 2,000 hours, 300 hours must be directly supervised in the twelve core functions with a minimum of 10 hours in each core function. If you possess a **bachelor's degree in human sciences** approved by the ADRA which includes but is not limited to the above listed areas, you must show at least **two years of full-time experience**, or the equivalent of at least 4,000 hours, in addictions counseling. The experience must be in the actual performance of the core functions. Of those 4,000 hours, 300 hours must be directly supervised in the twelve core functions with a minimum of twenty hours in each core function. If you possess a **bachelor's degree in a field other than human sciences or if you have a high school diploma or GED**, you must show at least **three years of full-time work experience**, or the equivalent of at least 6,000 hours, in addictions counseling. The experience must be in the actual performance of the core functions. Of those 6,000 hours, 300 hours must be directly supervised in the twelve core functions with a minimum of twenty hours in each core function. All the experience must be in an ADRA approved clinical training program and must be supervised by a qualified professional supervisor, including direct supervision in each of the core functions. The minimum direct supervision of a trainee is one hour per week. Make additional copies of this form as required. Number multiple forms sequentially in the lower right. Use one form for each training provider. Enter the name of the institution, agency, or organization where you received your experience. Check and enter the ATI (Approved Training Institution) #. If the provider is not registered as an ATI, you must provide documentation that the provider meets the standards of the ADRA. Enter the location or address of the

provider, city, state, and ZIP. List your immediate supervisor, his/her position, and phone number. Show the beginning and ending dates for this experience, and state the position title you held during that time along with a brief description of your job duties. You may enter the hours in the table from your records or have your supervisor enter them from his/her records. The definition of the core functions and a list of direct supervision techniques are provided on the back of the form for easy reference. Total the number of hours of overall experience and the number of hours of direct supervision. Have your supervisor sign and date the form. Your supervisor is to check and list his/her CCS # or provide documentation of being a qualified professional supervisor competent to provide supervision in the addictions treatment field.

G. RULES AND CODE OF ETHICS - Sign and date the reprint of excerpts from the Rules, including the complete Code of Ethics.

III. CONFIDENTIAL FORMS

The following paragraphs give a list of the forms to be mailed directly to the ADRA. Copies of these forms are available to you on our web site. These forms must be received for your application to be complete. These forms are: Supervisor's Evaluation (one required); Professional Reference (three required). It is suggested that you provide a stamped envelope addressed to the ADRA when you deliver each form for evaluation or reference. Enter the name of the supervisor or reference. Sign by the **X** near the center of the front page. **DO NOT** enter any other data or information on any of these forms. Normally the Supervisor's Evaluation form is given to the supervisor who signed the Addictions counseling Experience form, or your CIT supervisor. Deliver each form to the person you selected. You are not to receive a copy of any of these forms. They are confidential and are to be mailed directly to the ADRA.

IV. CASE PRESENTATION

Use the Case Presentation Cover Sheet and the Demographic Information Sheet on an Actual/Typical Client. The Case Presentation must be written in the following format:

I. Substance Abuse History

- A. Substances used
- B. Frequency
- C. Progression
- D. Severity/Amount
- E. Onset of use – when they started using
- F. Primary substance
- G. Route of administration
- H. Effects – blackouts, tremors, tolerance, DTs, seizures, other medical complications (some of these can be included in the Physical history section)

II. Psychological Functioning

- Mental status – oriented, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight.

* include both past and present

- III. Educational/Vocational/Financial
 - A. Educational and Work history
 - B. Educational level
 - C. Disciplinary action (at school or work)
 - D. Reasons for termination
 - E. Current and past financial status

- IV. Legal History (associated with, or not associated with, mood altering chemicals)
 - A. Charges, Arrests, Convictions
 - B. Current status
 - C. Pending

- V. Social History
 - A. Parents
 - B. Siblings/Rank
 - C. Psychological functioning in family
 - D. Substance abuse in family
 - E. History of social functioning from childhood to present
 - F. Family functioning – including physical, sexual, and emotional abuse
 - G. Relationship history
 - H. Children

- VI. Physical History
 - A. Both alcohol and drug, non-alcohol and drug problems
 - B. Past and Present major medical problems – i.e.: disabilities, pregnancy and related issues, STDs, alcohol and drug-related problems

- VII. Treatment History (both alcohol and drug and psychological history)

- VIII. Assessment
 - Identifying and evaluating an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.

- IX. Treatment Plan
 - Identifying and ranking problems needing resolution; establishing agreed upon immediate and long-term goals; deciding on a treatment process and the resources to be utilized.

- X. Course of Treatment
 - Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

- XI. Discharge Summary
 - Concise description of the client's overall response to treatment, including alcohol/drug status at discharge.

V. ASSEMBLE AND MAIL

When you have entered all the information and data required on the forms, you are ready to have the final copy prepared. Collect the forms, attachments, and statements. Arrange them in order with all the documents supporting a form immediately following it.

For example:

- Cover Sheet
- Affidavit (with photo, signed, notarized)
- Personal Data (signed)
- Handicap statement (if applicable)
- Citizenship explanation (if applicable)
- Censored explanation (if applicable)
- Felony statement (if applicable)
- Request for waiver (if applicable)
- Documentation of complying with rules, if not CIT (if applicable)
- Education History (extra pages, if needed)
- Transcript showing degree and certificates, in order
- Documentation of meeting standards, if not AIHE or AEP
- Employment History (extra pages, if needed)
- Addictions Treatment Work Experience (extra pages, if needed)
- Documentation of meeting standards, if not ATI
- Documentation of qualified supervisor, if not CCS
- Rules, including Code of Ethics (signed)
- Certified copy of criminal back ground/history check (this may be obtained through your local sheriff's office.)
- Case Presentation – Original and 5 copies

Make a copy of the final package for your records. Place the originals in a heavy-duty envelope or carton and mail to the address on the Cover Sheet. If you wish confirmation that your package arrived, include a prepaid, self-addressed postcard with the following statement: "Application package of (your name) was received by the ADRA on_____." The office staff will fill in the blank and mail the postcard back to you.

AMERICANS WITH DISABILITIES ACT

The Louisiana State DHH-OAD Addictive Disorders Regulatory Authority complies with the requirements of the Americans with Disabilities Act. If you have a qualified disability, impairment or condition which requires special accommodations to complete this application package or the examination, please notify the ADRA in writing of your request.

**Mail Application Package to:
ADRA - Certification
628 North 4th Street
Baton Rouge, LA 70802**