

**Addictive Disorder Regulatory Authority
(ADRA)
APPROVED EDUCATIONAL PROVIDER (AEP) RENEWAL APPLICATION
COVER SHEET**

NAME: _____ DATE: _____

Only completed applications will be reviewed. 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. The applicant will be notified by E-mail when the application is complete. You will receive a Renewal Approval Letter.

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

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

CHECK LIST

The AEP Renewal Application must contain the following:

- Cover Sheet
- Registration Form
- Audit Report
- List of Courses *Note: List of Courses provided by AEP will be cross-referenced with AEP Course Report Database.
- Any Additional Course Reports **Not** Previously Filed (Fee is \$1.00 per person, per course - \$5.00 minimum)

ATTACH Non-Refundable, Non-Transferable Cashier's Check, Money Order or Company Check for \$ 250.00 application fee made payable to the ADRA. Fees can also be paid at www.la-adra.org through PayPal.

Personal checks will not be accepted

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 Renewal Package to:
ADRA - Certification
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808**

**Addictive Disorder Regulatory Authority
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REGISTRATION FORM**

Date: _____

Organization: _____ **AEP #:** _____

Address: _____

City, State: _____ **Zip:** _____

Contact Person: _____

Phone: (_____) _____ - _____ **Email Address:** _____

Date of first AEP registration: _____

On behalf of the above organization, I hereby request that the designation as an Approved Educational Provider be renewed. In support of this request I am submitting:

- a copy of the required annual audit of the AEP program conducted by a Certified Clinical Supervisor
- completed Quality Assurance Review

As authorized agent of the organization, I certify the following statements: We are aware of no unresolved complaints concerning our AEP program. We acknowledge that we continue to be responsible for annual renewal of this registration. We confirm that all Course Reports have been submitted to the ADRA and the appropriate filing fees have been paid. We agree to notify the ADRA of any change in the appointment of a qualified person as Supervisor of Educational Programs.

Supervisor of Educational Programs: _____

Supervisor's Credentials: LAC, CAC, RAC #: _____ CCS#: _____ Other: _____

Signature: _____ **Date:** _____

Renewal fee of \$ 250.00 made payable to ADRA

Please mail renewal and payment to:

**ADRA
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808**

**Addictive Disorder Regulatory Authority
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AUDIT REPORT**

Date: _____

Name of CCS: _____ **CCS #:** _____

AUDIT OF: _____ **AEP #:** _____

A review of each record was conducted and revealed between the dates of _____ and _____

NAME OF AEP: _____ provided _____ (number of courses)

The records were (well documented and clearly focused on one or more of the twelve core functions of Substance Abuse Counseling as is required by the ADRA) The instructors responsible for teaching the workshops included:

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

Name: _____ LAC – CAC – RAC - CCS # _____

If provided by other credentialed professional indicate discipline and license number.

I have included in my report a list of all the seminars I was able to audit. (Synopsis of findings)

Summary: A total of _____ workshops were given by AEP # _____. Records were audited according to the standards set forth by ADRA and licensing guidelines for Approved Educational Providers.

*Auditor has verified that AEP has maintained proper documentation proving that all Course Reports were filed and all corresponding filing fees were paid for courses offered: _____

It is my professional opinion, based on the above information, that they be **Approved or Denied** the issuance of the renewal of their AEP to continue their services.

Recommendations for next year: _____

Signature: _____ **Date:** _____

Attached is a list of classes that were audited.

What follows is a breakdown of the records I audited on _____ (date).

**Addictive Disorder Regulatory Authority
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Date	Title	# of Hours	Course #	Instructor	Did/did not meet Core Functions

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COURSE REPORT**

Date: _____

Organization: _____ **AEP #:** _____

Contact Person: _____ **Email:** _____

Address: _____

City, State: _____ **Zip:** _____

Course #: _____ **Date(s) of Course:** _____

Location: _____

Course Title: _____

Instructor(s): _____

Instructor(s) Qualifying Credentials: _____

Number of persons awarded Certificates of Completion: _____

Attach:

1. Sample of Certificate of Completion for this course.
2. Attendance List
3. Flier or brochure advertising course to the public.
4. Course Report filing fee - **\$ 1.00 per participant, per course – minimum \$ 5.00**

Supervisor of Educational Program: _____

Title/Credentials: _____

Signing this document as the Supervisor of Educational Programs for this Approved Educational Provider verifies that all requirements of this Course Report have been met.

Signature: _____

Mail This Form and Filing Fee to:

**ADRA - Education
4919 Jamestown Avenue
Suite #203
Baton Rouge, LA 70808**

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ATTENDANCE LIST**

AEP#: _____

COURSE #: _____

ADRA Credentialed or status holders only:
LAC, CAC, RAC, CCS, CCGC, LPP, CPP, RPP,
CPS, ATA, RP, CIT, PSIT

ADRA #	Name	Hours Attended
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____