

**Addictive Disorders Regulatory Authority  
(ADRA)  
RENEWAL OF REGISTRATION AS  
APPROVED INSTITUTE OF HIGHER EDUCATION (AIHE)  
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**

On behalf of the above organization, I hereby renew with the ADRA and to continue our designation as an Approved Institution of Higher Education. In support of this request I submit the following documentation:

- \_\_\_ Cover Sheet
- \_\_\_ Registration Form
- \_\_\_ Copy of accreditation
- \_\_\_ Written description of the curriculum
- \_\_\_ Summary Statement of Continuous Quality Improvement Program
- \_\_\_ \$ 250.00 Renewal fee

**ATTACH** Non-Refundable, Non-Transferable Cashier's Check, Money Order or Company Check for \$ 250.00 renewal fee made payable to the ADRA. Fees can also be paid at [www.la-adra.org](http://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 Disorders Regulatory Authority  
(ADRA)  
RENEWAL OF REGISTRATION AS  
APPROVED INSTITUTE OF HIGHER EDUCATION (AIHE)  
REGISTRATION FORM**

**Date:** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **AIHE #:** \_\_\_\_\_

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

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of first AIHE registration:** \_\_\_\_\_ **Website:** \_\_\_\_\_

On behalf of the above institution, I hereby request that the designation as an Approved Institution of Higher Education be renewed. In support of this request I submit a copy of the required annual audit of the AIHE program conducted by a Certified Clinical Supervisor (CCS). As authorized agent of the institution, I certify the following statements:

- We are aware of no unresolved complaints concerning our AIHE program.
- We acknowledge that we continue to be responsible for annual renewal of this registration.
- We agree to notify the ARDA of any change in the appointment of a qualified person as Curriculum Consultant.
- We agree to include the annual audit of the AIHE program.
- We agree to include the completed Quality Assurance Review

**Curriculum Consultant:** \_\_\_\_\_

**Consultant's Credentials:** LAC, CAC, RAC #: \_\_\_\_\_ CCS#: \_\_\_\_\_ Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Renewal fee of \$250.00 made payable to ADRA**

**Mail This Form and payment to:**

**ADRA - Registration**

4919 Jamestown Avenue

Suite #203

Baton Rouge, LA 70808

**Addictive Disorders Regulatory Authority  
(ADRA)  
RENEWAL OF REGISTRATION AS  
APPROVED INSTITUTE OF HIGHER EDUCATION (AIHE)  
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 give by the 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. \_\_\_\_\_

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