

**Addictive Disorder Regulatory Authority  
(ADRA)  
Approved Training Institution Renewal of Registration  
APPROVED TRAINING INSTITUTION PROGRAM**

The ADRA operates a program to register a qualifying institution as an Approved Training Institution (ATI) to implement the provisions of the addictive disorders Act 803.

The rule governing this program was promulgated according to law and is recorded in Title 46 Professional and occupational Standards, Part LXXX. Substance Abuse Counselors. The following instructions and regulations are part of the Policies and Procedures which the ADRA has prepared for the operation of the ATI program.

The purpose of the ATI program is to assure that potential substance abuse counselors receive quality training and experience. Applicants for certification must document full-time clinical training, or the equivalent thereof, in board approved institutions in the actual performance of each of the core functions with clients while under the supervision of a qualified professional.

The intent of the ATI program is to provide standards for the conduct of clinical training directly related to substance abuse counseling. Organizations which qualify for the ATI designation are granted significant privileges provided they continue to meet or exceed these standards. Among the privileges are: Announce to the public and advertise the availability of its clinical training program and the availability of internships and practicums. Employ Counselors in Training and assure its trainees that their experience will apply toward meeting the requirements of the ADRA for certification as a substance abuse counselor.

The ATI program is designed to simplify and expedite the process of offering quality clinical training in the field of substance abuse counseling, while maintaining high standards and adherence to the requirements of the law. Questions and/or suggestions are welcome and encouraged. Please address all comments to:

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

**Addictive Disorder Regulatory Authority  
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REQUIREMENTS  
For an Approved Training Institution**

Institutions which provide clinical treatment of substance abuse or offer substance abuse counseling services, have sufficient qualified clinical staff, offer supervised clinical positions to substance abuse counselors in training (CIT) may register with the ADRA as an Approved Training Institution, also known as an ATI. Offering clinical experience for persons wishing to apply to become candidates for licensure, certification or registry as addictive disorders counselors. An agency, corporation, organization, partnership, organized health care facility, or other autonomous organizational entity shall qualify as an institution for the purposes of this program.

An organization shall be granted the ATI designation provided:

1. A satisfactory application form is submitted and approved by the ADRA.
2. The institution is licensed appropriately to provide substance abuse treatment or substance abuse counseling services.
3. The institution provides a statement signed by an authorized officer of the institution to document:
  - a. The institution's desire and intent to provide clinical training in substance abuse counseling.
  - b. Acknowledgment of responsibility for such activities.
  - c. Acknowledgment that the institution is independent of the ADRA.
  - d. Acknowledgment that the institution shall hold the ADRA harmless.
  - e. Acknowledgment that the institution shall comply with the requirements of the ADRA, and that failure to do so may result in forfeiture of the ATI designation.
4. The institution provides written descriptions documenting:
  - a. The appropriateness of their clinical treatment setting.
  - b. The qualifications of its staff to provide daily clinical supervision and frequent direct supervision of trainees.
  - c. The planned duties and training program in which the trainees will be engaged.
    - This description must document that training, experience, and supervision in all 12 core functions will be provided.
5. The organization provides a summary statement of its continuous quality improvement program and agrees to maintain full records of that program.
6. The institution agrees to provide overall supervision of its program by a Certified Clinical Supervisor or submit the credentials and qualifications of the qualified professional supervisor who will provide overall supervision.
7. The institution agrees to an annual audit review of its substance abuse counselor clinical training program and continuous quality improvement program by a Certified Clinical Supervisor, and/or review of its records of the ATI program at any time requested by the ADRA.

The designation shall be valid from the date of approval to the nearest renewal date (Mar. 31 or Sept. 30) one year later.

Upon approval, the ATI shall receive an appropriate certificate signed by an ADRA official acknowledging award of the ATI designation and the rights and privileges pertaining thereto.

Registration as an ATI shall be renewed annually, provided:

1. A satisfactory renewal form is received prior to the expiration date of the current registration.
2. The annual audit report of the institution's substance abuse counselor clinical training program and continuous quality improvement program signed by a Certified Clinical Supervisor is filed.
3. There have been no unresolved complaints against the institution.

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Approved Training Institution Renewal of Registration**

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

**Institution:** \_\_\_\_\_ **ATI #:** \_\_\_\_\_

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

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

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

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

**Supervisor of Training Program:** \_\_\_\_\_

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

**Date of first ATI registration:** \_\_\_\_\_

On behalf of the above institution, I hereby request that the designation as an Approved Training Institution be renewed. In support of this request I submit a copy of the required annual audit of the ATI program conducted by a Certified Counselor Supervisor. As authorized agent of the institution, I certify the following statements: We are aware of no unresolved complaints concerning our ATI program. We acknowledge that we continue to be responsible for annual renewal of this registration. We agree to notify the ADRA of any change in the appointment of a qualified person as Supervisor of Training Program.

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

**Type or Print Name:** \_\_\_\_\_

**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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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 instruction materials 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 ARDA here. \_\_\_\_\_

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