

**Addictive Disorder Regulatory Authority
(ADRA)**

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**

Addictive Disorder Regulatory Authority (ADRA)

ATTENDANCE LIST

AEP#: _____

COURSE #: _____

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

<u>ADRA #</u>	<u>Name</u>	<u>Hours Attended</u>
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