

**Addictive Disorder Regulatory Authority
(ADRA)
APPLICATION FOR APPROVAL OF CONTINUING EDUCATION
For Addiction Counselors**

NAME: _____ **Date:** _____

Home Address: _____

City, State: _____ Zip: _____

Home Phone: (_____) _____ - _____ E-mail Address: _____

SUMMARY: This application allows the applicant to receive credit for education hours that were not obtained by an ADRA Approved Educational Provider.

A complete list of ADRA Approved Educational Providers can be found on our website at www.la-adra.org

WHEN TO APPLY: Applications must be submitted to the ADRA at the time of renewal.

HOW TO APPLY:

1. Complete this form.
2. Complete the Course Information form for each course claimed that was not offered by an ADRA Approved Educational Provider; and include the following documentation:
 - Brochure on the workshop or Schedule/Agenda
 - Proof of attendance (copy of certificate)

HOW MANY NON ADRA APPROVED EDUCATION HOURS CAN BE CLAIMED: All 48 hours of continuing education can be obtained from an outside educational provider.

HOW ARE THE HOURS COUNTED: All hours submitted from ADRA Approved Educational Providers will be counted first. Hours submitted from any other provider will be subject to approval.

WHAT IS THE COST: The processing fee for Continuing Education Approval is \$25 for each 15 hours to be approved. The maximum fee for education approval is \$75.

ATTACH non-refundable, non-transferable fees via Cashier's Check, Money Order or Company Check made payable to the ADRA

Fees can also be paid via PayPal at www.la-adra.org

PERSONAL CHECKS WILL NOT BE ACCEPTED

Total number of hours requested to be approved: _____

Please indicate method of payment below and total amount enclosed: \$ _____

Cashier's Check ___ Money Order ___ Company Check ___ PayPal ___ (include receipt)

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COURSE INFORMATION**

APPLICANT NAME: _____ **Date(s) of Course:** _____

Title of Course: _____

Method of Instruction: ___ Workshop ___ Conference ___ Webinar ___ Other: _____

Note: THE ADRA has the final decision on the relevance of the education to substance abuse

Hour(s) and Content Area(s): Indicate the number of hours obtained from the course categorized by the relevant content area(s).

CONTENT AREA:

- | | |
|------------------------|------------------------------|
| ___ Screening | ___ Case Management |
| ___ Intake | ___ Crisis Intervention |
| ___ Orientation | ___ Client Education |
| ___ Assessment | ___ Referral |
| ___ Treatment Planning | ___ Reports & Record Keeping |
| ___ Counseling | ___ Consultation |
| ___ Other: _____ | |

Along with this form, please include the documentation listed below:

- Brochure on the workshop or Schedule/Agenda
- Proof of attendance (copy of certificate)

Please make additional copies as needed.