Addictive Disorder Regulatory Authority (ADRA)

SINGLE COURSE PROVIDER

The ADRA operates a program to register a qualifying organization as an Approved Educational Provider (AEP) to implement the provisions of the addictive disorders Act R.S. 37:3371-3384. The rule governing this program was promulgated according to law and is recorded in LAC 46:LXXX.1707. The rule allows an organization to be granted approval for a single course without becoming an approved provider for multiple courses. The following instructions are directed toward those organizations.

The single course provider may:

• Announce to the public and advertise that the course meets the standards of the ADRA only if approval has been granted. Prior to approval, the organization may state that ADRA approval is pending only if application has been made. Otherwise, the organization is prohibited from making any statement regarding ADRA approval of its course.

Offer to provide a certificate of completion for the use of substance abuse, compulsive gambling, and prevention counselors/specialists and trainees only after ADRA approval has been granted and all required information is included on the certificate. An organization may be granted approval as a single course provider provided:

A satisfactory application form is received at the office of the ADRA prior to offering the course.

The organization documents the course description including the educational objectives, course outline, instructional modalities, relationship of the material to the 12 core functions or 6 performance domains, and which renewal education area(s) are addressed.

The organization documents the qualifications of the instructors including description of the education, training, and experience, which prepared them to teach the course.

The organization agrees to provide a certificate of completion containing the same information required of an AEP.

The organization agrees to file a Course Report in the same fashion as an AEP and to include student evaluations of that course and to including the filing fee of \$1 per participant with a minimum of \$5.

Single course provider cost is \$ 150.00 for course check or money order made payable to ADRA.

Questions, comments, and/or suggestions may be directed in writing to the ADRA at:

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

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APPLICATION FOR SINGLE COURSE APPROVAL

Organization:	Date:
Address:	
City, State:	Zip:
Contact Person:	
Phone: () E	mail Address:
On behalf of the above organization, I hereby request a directly related to substance abuse counseling, comput	
Title of Course/Event:	
Instructor(s):	
Number of Hours Offered:	
Date(s) of Course/Event:	
Location:	
In support of this request I submit the following docum Course description Qualifications of instructor(s) Sample of proposed certificate \$ 150.00 application processing fee	nentation:
 hold the ADRA harmless. We agree to provide a suitable certificate of completion for each We agree to file the required Course Report and appropriate file 	the organization is independent of the ADRA, and that the organization shall ch person satisfactorily completing the course. ling fee (\$1 per participant – minimum \$5) to the office of the ADRA within ns, attendance sheet and a copy of the flier or brochure used to advertise the meets the stated standards set by the ADRA.
Supervisor of Educational Programs:	
Supervisor's Credentials: LAC, CAC or RAC #:	CCS #:Other:
Signature:	Date:
Mail this form ADRA 4919 Jame Sui	2 \$ 150.00 made payable to ADRA n and payment to: - Education estown Avenue ite #203 uge, LA 70808

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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	n:	
 Attach: 1. Sample of Certificate of Completion for this cours 2. Attendance List 3. Flier or brochure advertising course to the public. 4. Course Report filing fee - \$ 1.00 per participant 		
Supervisor of Educational Program:		
Title/Credentials:		
Signing this document as the Supervisor of Educationa that all requirements of this Course Report have been	al Programs for this Approved Educational Provider verifies 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 #: _____

CPS, ATA, RP, CIT, PSIT	N .7	
ADRA #	Name	Hours Attended
1		
2		
8		
9		
10		
11		
12		
19		