

CERTIFICATION EXAMINING BOARD OF LASACT, INC.

P.O. Box 80235 – Baton Rouge, LA 70898-0235

Phone: 225.766.2992 · Fax: 225.766.8552 · e-mail: admin@lasact.org · web site: www.lasact.org

ADVANCED ALCOHOL AND DRUG COUNSELOR (AADC) COINCIDING WITH LAC -- APPLICATION FOR RECERTIFICATION

Name to appear on certificate _____

Please Print

Address: _____

Street/Apt. #/ P.O. Box

City State ZIP
Phone: W _____ H _____ Fax _____ e-mail _____

Place of Employment: _____

Employer's Address: _____

City State ZIP
Facility Director's Name: _____

Enclosures:

- Copy of current LAC card;
- I do not yet have my renewed LAC card; I will mail or fax a copy to you as soon as I receive it.
- Check or Money Order for recertification fee in the amount of \$ _____

Processing fee is \$75.00 for current LASACT members or \$125.00 for non-members.
Make checks payable to: LASACT/CEB - P. O. Box 80235 - Baton Rouge, LA 70898-0235
If mailing after expiration date of AADC, please enclose an additional \$50 late fee.

Signature below denotes that applicant:
is currently active in the field of alcohol and substance abuse; free of any ethical or malpractice violation; and ACCEPTS ALL OF THE PRINCIPLES OF THE OADRA CODE OF ETHICS AND DISCIPLINARY PROCEDURE. Applicant understands the AADC is not a substitute or a replacement for the ADRA right to practice credential and is therefore not a license in which to practice substance abuse counseling.

Name Printed

Signature

Date

THIS FORM AND OTHER REQUIRED INFORMATION MUST BE RECEIVED IN THE LASACT OFFICE BY THE RENEWAL DATE OR A LATE FEE OF \$50 IS REQUIRED.