

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

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

**REGISTRATION FOR CCS 30 HOUR TRAINING
NEXT AVAILABLE CLASS**

NAME:

_____ Mr. _____ Mrs. _____ Ms. _____ Other Title _____

Last

First

Middle

MAILING ADDRESS:

Street/Apt. #/P.O. Box

City

State

ZIP

EMPLOYER: _____

OFFICE ADDRESS: _____

City

State

ZIP

OFFICE PHONE: _____

HOME PHONE: _____

FAX NO: _____

E-MAIL ADDRESS: _____

Instructions:

1. Enclose payment in full. *You will not be considered formally registered for the class, and ADRA will not be notified that you are registered until LASACT receives your payment.*
 \$275 LASACT Member \$335 non-member
2. If paying by Credit Card, you may fax the information requested below to 225.766.8552 or phone it to 225.766.2992.
3. Make a copy of this completed form for your records.
4. Mail this form to: LASACT -- P.O. Box 80235 -- Baton Rouge, LA 70898-0235, **or** fax it to 225.766.8552.

Credit Card Type & #: _____

Expiration Date: _____

V-code from back of Card: _____

Signature

Date

**The final CCS certification is issued by the Louisiana Addictive Disorders Regulatory Authority (ADRA).
Attendance in this class does not guarantee that the trainee will be certified as a CCS.**

Refer to CCS Stipulations at www.la-adra.org.