

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

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225-766-2992

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APPLICATION FOR DOT HOME STUDY COURSE

NAME:

___ Mr. ___ Mrs. ___ Ms. _____
Other Title _____ Last First Middle

MAILING ADDRESS:

Street/P.O. Box City State ZIP

EMPLOYER:

OFFICE ADDRESS:

Street City State ZIP

OFFICE PHONE:

_____ **HOME PHONE:** _____

CELL PHONE:

_____ **E-MAIL ADDRESS:** _____

FAX #

LAC, CAC, RAC #

_____ **Expiration Date** _____

Make check or money order payable to LASACT, and mail application and fees to:

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

If paying by credit card, please provide the following information. Credit card information may be phoned to LASACT office at 225.766.2992.

Card Type & #: _____ Expiration Date: _____

Name as Shown on Card: _____

Signature

Date

Fee Structure for Study Course/SAP Exam/CEU Hours

	LASACT Members	Non-Members
Course & Test on course if e-mailed	\$100.00	\$150.00
Shipping & Handling if mailed	-0-	<u>15.00</u>
Total for Course Only (12 CEU's)	\$100.00	\$165.00
 SAP Exam	 \$275.00	 \$375.00
LASACT Membership dues	-0-	\$90.00; then pay member fees for course & test

For Office Use Only: LASACT Member? ___ Yes ___ No

Payment Received: Check/MO # _____ Dated: _____

Date Received: _____ Date Deposited: _____