

# Louisiana Addiction Counselor Training Institute

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225.766.2992

Fax 225.766.8552 • e-mail: [admin@lasact.org](mailto:admin@lasact.org) • web site: [www.lasact.org](http://www.lasact.org)

## Instructions for Completion of Application for Louisiana Addiction Counselor Training (LACT) Institute

### General Information:

- § All information requested on the Application form is confidential.
- § All information requested is required for successful completion of application to LACT. **An e-mail address is essential for all applicants for communication with LACT.**
- § Applications for all LACT courses are accepted on a first-come, first-served basis as space is available.
- § Individuals registered for LACT courses are responsible for payment of full course fees, **even if they are unable to attend all class sessions.**
- § Fees are fully refundable upon written request until two weeks prior to the start of the course.
- § Individuals may register for as many courses as they wish on this form.
- § LACT will acknowledge receipt of applications by e-mail (preferably) or U.S. mail. Detailed information about courses and materials needed, will be provided prior to the start of the student's first session.
- § For additional information contact the LACT Director at 225.766.2992 - afternoons only



### To complete Application Process:

- § Complete the Application Form (Form1) providing **all** requested information. **Do not overlook the requested Career Goals Statement.**
- § Complete Form 2 by checking the course(s) you plan to take. If enrolling for full year, check first item only.
- § If not already a LASACT member and you want to get the discounted membership tuition rate, complete the "LASACT Membership Form for LACT Students" and submit with LACT application forms.
- § Send signed Forms 1 and 2 with the appropriate fees to the address shown below.
- § Make check or money order payable to: LASACT, and mail to: LASACT - P.O. Box 80235 Baton Rouge, LA 70898-0235. Fees may also be paid by credit card. See Application Form (Form 1).

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## Courses Offered

Please register me for the following course(s). I have enclosed the appropriate fees as noted on Application Form.

Full year of study consisting of Courses listed below

Check which course(s) you are registering for if NOT taking the full year of study.

Addiction Pharmacology – January - March Quarter  
45 hours

Counseling Skills Training – April - June Quarter  
45 hours

Counseling Theories – July - September Quarter  
45 hours

The Counseling Process – October - December Quarter  
45 hours



\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### For Office Use Only:

First month's fee of \$155 Received on \_\_\_\_\_ Check/MO/CC # \_\_\_\_\_ Date \_\_\_\_\_

Course Fee(s) Received: \$ \_\_\_\_\_ on \_\_\_\_\_ for:  1<sup>st</sup> month  1<sup>st</sup> Quarter  
 ½ year  full year

Applicant's Information entered in Database on \_\_\_\_\_ By \_\_\_\_\_

Confirmation sent by  e-mail  US Mail on \_\_\_\_\_ By \_\_\_\_\_

Copy of Confirmation Attached