

Louisiana Addiction Counselor Training (LACT)
APPLICATION FOR ADMISSION (Please Print or Type)

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

MAILING ADDRESS: _____
Street/P.O. Box City State ZIP

EMPLOYER: _____

OFFICE ADDRESS: _____
Street/P.O. Box City State ZIP

OFFICE PHONE: _____ **HOME PHONE:** _____

FAX NO: _____ **CELL NO:** _____

E-MAIL ADDRESS: _____ **SSN:** _____

ADRA Addiction Counselor Credential, if any • Indicate type, number, & expiration date _____

Highest Grade Level Completed - Check all applicable:

- Some high school; didn't finish
- Completed High School • Date & where: _____
- Some college; didn't finish
- Completed College • Degree earned and where: _____
- Some graduate school; didn't finish
- Completed Graduate School • Degree earned and where: _____

Attach a separate sheet & explain why you wish to enter the LACT Program; explain your career goals.

Are you in recovery? Yes No

I plan to pay LACT Program fees as follows; check all applicable:

- Enclosed is first month's fee of \$155
- Enclosed is \$90 for LASACT membership dues and LASACT Membership Application Form so I can qualify for member discounts for the LACT program.

I am a LASACT member; Enclosed is:

- payment in full of \$980 for the entire LACT Program course of study.
- \$155 for the first month of study; I plan to continue to pay by the month @ the rate of \$75 per month
- \$305 for the first quarter; I plan to continue to pay by the quarter @ the rate of \$225 per quarter
- \$530 for the first half year; I plan to continue to pay by the half year @ the rate of \$450 for remaining half

I am NOT a LASACT member; Enclosed is:

- payment in full of \$1880 for the entire LACT Program course of study.
- \$230 for the first month of study; I plan to continue to pay by the month @ the rate of \$150/month
- \$530 for the first quarter; I plan to continue to pay by the quarter @ the rate of \$450/quarter
- \$980 for the first half year; I plan to continue to pay by the half year @ th rate of \$900 for remaining half

Make check/M.O. payable to LASACT; mail to: **LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235**

Credit Card Information • mail or fax to 225.766.8552

Credit Card Type & #: _____ Expiration Date: _____

V Code Number from back of card _____

Signature Date