P.O. Box 80235 Baton Rouge, Louisiana 70898-0235



Louisiana Addiction Counselor Training (LACT) Program

Total Application Packet

GENERAL INFORMATION:

- All information requested on the Application form is confidential.
- All information requested is required for successful completion of application for admission to LACT. An email address is required 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 each course.
- Individuals may register for as many courses as they wish on Form 2.
- LACT will acknowledge receipt of applications by e-mail. Detailed information about classes will be provided by email prior to the start of the student's first session. No book purchases are required. Students must come to class with pens and paper to take notes.
- For additional information contact the LACT Director at <u>admin@lasact.org</u> or by calling 225.317.0933 afternoons only; or by contacting Nya Skipper at <u>lact@lasact.org</u>.

APPLICATION PROCESS:

- 1. Complete Form 1, the Application for Admission, providing **all** requested information.
- 2. Only LASACT members and OBH tuition scholarship recipients get the discounted membership tuition rate. Complete the LASACT Membership Form attached (Form 2) and submit with other application forms.
- 3. Attach separate sheet with Statement of why you want to enter the LACT Program and your Career Goals. Instructions can be found on Form 3.
- 4. Check a box below indicating the course(s) you plan to take. If enrolling for full year, check first item only.
- 5. Send signed Forms 1 and 2 with the appropriate fees to the address shown below. See "Payment Options" on Form 1 for minimum fees due at time of registration.
- 6. 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 online or over the phone. A convenience fee applies to all credit card transactions.

COURSES OFFERINGS:

Minimum enrollment fee to become a member of LASACT and get a discounted tuition rate is \$185. This amount includes LASACT dues through December 31 of current year (\$90) + materials fee (\$95). *Convenience fees will be applied as necessary.*

• Minimum fee for <u>new LACT students</u>: \$185 (\$95 materials fee + \$90 membership dues).

 \Box Check here if enrolling for full year of classes, consisting of the classes listed below.

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

- D Pharmacology January through March quarter
- Counseling Theories & Skills, Part 1 April through June quarter
- Counseling Theories & Skills, Part 2 July through September quarter
- The Counseling Process October through December quarter



		RMATION (Please p		Race/Ethnicity:				
Preferre	a Pronouns:				or African American			
Last Name		First Name/M.I.	Date of Birth	 Asian American Indian and Alaska Native Native Hawaiian and Other Pacific Islander 				
		Email Address (Requir	ed)		Language Spoken:			
()	()	□ English □ German □ Other □ Spanish □ Chinese □ French □ Vietnamese				
	Cell Phone		Work Phone					
Position Title			bloyer	Armed Forces/Veteran: □ Yes □ No				
		I	Home Mailing Address					
Gender:	□ Male	Marital Status:		Education:	\Box High School \Box Masters			
	\Box Female		wed 🗆 Single		□ Associates □ Doctorate			
•	□ Non-Binary	\Box Separa		1	□ Bachelors □ Other			
Are you	in recovery?	Yes 🗆 No	Where was the a	bove degree(s	earned?			
	t Options: Scholarship Rec: \$95 materials fee Non-Scholarship year; \$95 materia	PRSS #	Exp. Da Exp. Da Exp. Da ype & number, i.e. LCSV nt) nt fee of \$185 which inclu- nent fee of \$285 which i	W #0000) udes \$90 LAS/ ncludes \$90 L/	ACT dues for current calendar year; ASACT dues for current calendar oward the balance on the agreed			
		order attached and made pan LASACT website.	yable to LASACT— P.0	D. Box 80235 -	– Baton Rouge, LA 70898-0235.			
		Name on Card			Expiration Date			
	Card N	Jumber		Zip Code	Security Code			
Credit c		nay be phoned in to LASAC on our website. <u>Note: A con</u>			fax of this form to 225.766.8552 or lit card transactions.			

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LASACT MEMBERSHIP NEW/RENEWAL FORM

Membership Year: 2023

Submission of this form indicates a clear understanding that international certificates will be processed as appropriate upon receipt of these forms. It also indicates an understanding that LASACT membership assures eligibility for the IC&RC International Certificate for applicants with an LAC, CAC, RAC, LPP, CPP, RPP, AADC, CCS, CCJP, CCDP, CCDP-D, or PRSS. LASACT membership renewal fee is \$90. Total for reinstatement of membership status after March 31, 2023 is \$115.

If you fall into any of the below categories, be sure to review the following:

• Louisiana Addiction Counselor Training (LACT) Program students — membership MUST be kept current in order to continue to receive the discounted tuition rate. Failure to do so will result in loss of student member status.

APPLICANT INFORMATION (Please print)								Race/Ethnicity:				
Membership Type: New Renewal Reinstatement								☐ White ☐ Black or African American				
Title:MrMsMrsOther												
								\Box Asian \Box American	Indian and	Alaska Na	tive	
Last Name			First Name/M.I.			Date of Birth		 ☐ American Indian and Alaska Native ☐ Native Hawaiian and Other Pacific Islander 				
								Primary Language Spoken:				
Email Address (Required)												
()	1		() Work Phone				□ Spanish □ Chinese □ French □ Vietnamese				
Cell Phone Wor					WORK I							
								Armed Fore	es/Veteran	$\square Yes$	□ No	
Position Title Employer												
					Home M	lailing Addr	ess					
							E	Education: \Box High School \Box Masters				
□ Female □ Widowed				□ Single □ Associates □ Doctora								
\Box Other								\Box Bachelors \Box Other				
			ATION	(Please p	rint)							
ADR	A Creden	tials				_						
Туре	LAC	CAC	RAC	CIT	LPP	CPP	RPP	PSIT	CCS	CCGC	ATA	
No.												
Exp.												
Date												
LASA	ACT Cert	ificates/O	ther Crea	lentials								
Туре	AADC	ССЈР	CCDP	CCDP-D	PRSS	LPC	LMF	Г LCSW	LMSW	SAP	OTHER	
No.												
Exp.												
Date												
		VEODA			• • •							

PAYMENT INFORMATION (Please print) This portion may be left blank if the information is the same as Form 1.

Name on Card

Expiration Date

Card Number

Zip Code

Security Code

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LACT LETTER OF INTENT

Be sure to attach a Letter of Intent that outlines your interest in the LACT Program. Our goal after reading your letter is to have an understanding of your career goals and how we can help you to achieve said goals. The Letter of Intent should be in Times New Roman font, double-spaced, and no does not need to be longer than a single page. Although the letter is not formal, we ask for the formatting and vocabulary to be professional.