

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



Phone: (225) 766-2992  
Fax: (225) 766-8552  
[www.lasact.org](http://www.lasact.org)  
[lact@lasact.org](mailto:lact@lasact.org)

## 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 e-mail 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, Nya Skipper, at [lact@lasact.org](mailto:lact@lasact.org)

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#### APPLICATION PROCESS:

1. Complete the Application for Admission (**FORM 1**), providing **all** requested information.
2. Complete the payment form to provide LASACT with information on how they will receive your LACT payment. (**FORM 2**)
3. Only LASACT members and OBH tuition scholarship recipients get the discounted membership tuition rate. Complete the LASACT Membership Form attached (**FORM 3**) and submit with other application forms.
4. **Attach separate sheet with Statement of why you want to enter the LACT Program and your Career Goals. (FORM 4)**
5. Submit a photocopy of either a birth certificate, passport, or Real Legal ID. (**FORM 5**)
6. Check the box below indicating the course(s) you plan to take. If enrolling for full year, check first item only.
7. 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.
8. 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.**

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### COURSES OFFERINGS:

The 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 the current year (\$90) + materials fee (\$95). *Convenience fees will be applied as necessary.*

- Minimum fee for new LACT students: \$185 (\$95 materials fee + \$90 membership dues).

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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.**

- 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

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Signature

Date

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### APPLICANT INFORMATION (Please print) *LEGAL NAME*

Preferred Pronouns: \_\_\_\_\_

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name/M.I.*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Email Address (Required)*

( ) \_\_\_\_\_  
*Cell Phone*

( ) \_\_\_\_\_  
*Work Phone*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Home Mailing Address*

**Gender:**  Male

Female

Non-Binary

**Marital Status:**  Married

Divorced

Widowed  Single

Separated

**Education:**  High School  Masters

Associates  Doctorate

Bachelors  Other \_\_\_\_\_

**Are you in recovery?**  Yes  No

**Where was the above degree(s) earned?** \_\_\_\_\_

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### GENERAL INFORMATION (Please print)

**ADRA Credential/LASACT Certificate/Other Credential - Include all that apply:**

ATA# \_\_\_\_\_ Exp. Date \_\_\_\_\_

PRSS # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Other \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Specify Type & number, i.e. LCSW #0000)

## FORM 1

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**PAYMENT INFORMATION (Please print)****Payment Options:**

- OBH Scholarship Recipient | Minimum enrollment fee of \$185 which includes \$90 LASACT dues for current calendar year; \$95 materials fee.
  
- Other Financial Aid/Scholarship | I have applied for financial aid through a different source such as LRS and/or Betty Breen and I have been approved. LASACT is to expect a check from this source that is to cover my tuition and minimum enrollment fee. (No Payment Information Required).

**LRS COUNSELOR CONTACT INFORMATION (REQUIRED FOR LRS RECIPIENTS)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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- Check or money order attached and made payable to LASACT— P.O. Box 80235 – Baton Rouge, LA 70898-0235.
  - Payment \$185 Minimum Enrollment Fee made on LASACT website.

Name on Card	Expiration Date	
Card Number	Zip Code	Security Code

*Credit card information may be phoned in to LASACT office at 225.766.2992, if followed by fax of this form to 225.766.8552 or submitted on our website. Note: A convenience fee of 3.5% applies to all credit card transactions.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **FORM 2**

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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, 2024 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.

<b>APPLICANT INFORMATION (Please print) LEGAL NAME</b>			<b>Race/Ethnicity:</b>
<b>Membership Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement <b>Title:</b> ___ Mr ___ Ms ___ Mrs ___ Other			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Native Hawaiian and Other Pacific Islander
_____ <i>Last Name</i>	_____ <i>First Name/M.I.</i>	_____ <i>Date of Birth</i>	<b>Primary Language Spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Other _____ <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Vietnamese  <b>Armed Forces/Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <i>Email Address (Required)</i>			
(        ) <i>Cell Phone</i>	(        ) <i>Work Phone</i>		
_____ <i>Position Title</i>	_____ <i>Employer</i>		

*Home Mailing Address*

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated	<b>Education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Masters <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____
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### GENERAL INFORMATION (Please print)

#### ADRA Credentials

Type	LAC	CAC	RAC	CIT	LPP	CPP	RPP	PSIT	CCS	CCGC	ATA
No.											
Exp. Date											

#### LASACT Certificates/Other Credentials

Type	AADC	CCJP	CCDP	CCDP-D	PRSS	LPC	LMFT	LCSW	LMSW	SAP	OTHER
No.											
Exp. Date											

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

_____ <i>Name on Card</i>	_____ <i>Expiration Date</i>	
_____ <i>Card Number</i>	_____ <i>Zip Code</i>	_____ <i>Security Code</i>

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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.

**FORM 4**

Rev. February 8, 2024