

# CERTIFICATION EXAMINING BOARD OF LASACT, INC.

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

Phone: 225.766.2992 Fax: 225.766.8552 e-mail: [ceb@lasact.org](mailto:ceb@lasact.org) [www.lasact.org](http://www.lasact.org)

## APPLICATION FOR RECERTIFICATION

**2-YEAR PERIOD**—Expires February 3, 2024

**AADC/CCJP/CCDP and/or CCDP-D** (Until February 3, 2026)

Name to appear on certificate(s) \_\_\_\_\_

Please Print Clearly

Address: \_\_\_\_\_

Street/Apt. #/ P.O. Box

City

State

ZIP

Phone: W \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City

State

ZIP

### Required Enclosures - check applicable statement:

\_\_\_\_\_ Copy of **current ADRA Credentialing** Card or other masters level credentialing card showing expiration date of 12/31/2025. *Your renewal **cannot** be processed until we receive a copy of your card verifying that you hold a current and valid right to practice credential. **Do not send** your current LASACT credential card.*

### Payment Options: Check applicable item

\_\_\_\_\_ Online at [www.lasact.org](http://www.lasact.org) using PayPal **AND** fax application form to 225.766.8552. If a late fee is required, a separate PayPal payment must be made.

\_\_\_\_\_ Check or Money Order for re-certification fee in the amount of \$ \_\_\_\_\_ Make check payable to LASACT/CEB.

Mail to P.O. Box 80235, Baton Rouge, LA 70898-0235 **AND** attach required forms

\_\_\_\_\_ Payment by Credit Card (use the form below or call information in to 225.766.2992 **AND** fax the required forms to 225.766.8552) or pay with Pay Pal by accessing [www.lasact.org / Credentialing](http://www.lasact.org / Credentialing) tab. (**Convenience Fees Apply to Credit Card / Pay Pal Payments**)

**If renewing only ONE credential for a 2-year period**  
**(AADC/CCJP/CCDP/CCDP-D:**

- LASACT members – send \$ 120
- Non-members – send \$ 180

**If renewing More than One credential for a 2-year period**  
**(AADC/CCJP/CCDP and/or CCDP-D:**

- LASACT members - send \$150
- Non-members - send \$305

- \$50 late fee per application is required if application is sent after the expiration date.
- \$25 fee for each Official International Certificate ordered (OPTIONAL)

Signature below denotes that applicant:

is currently active in the field of alcohol and substance abuse; is free of any ethical or malpractice violation; **ACCEPTS ALL OF THE PRINCIPLES OF THE ADRA CODE OF ETHICS AND DISCIPLINARY PROCEDURE.** Applicant understands that the AADC certificate is not a substitute or a replacement for the ADRA credential and therefore is **NOT** a license with which to practice substance abuse counseling.

Print Name Here \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev 2/2024

**THIS FORM AND OTHER REQUIRED INFORMATION MUST BE POSTMARKED BY THE EXPIRATION DATE TO AVOID THE \$50 LATE FEE.**

### IF PAYING WITH CREDIT CARD:

NAME ON CARD: \_\_\_\_\_

EXPIRE

DATE: \_\_\_\_\_

CARD #: \_\_\_\_\_ SECURITY CODE : \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

**(AADC's do not need to complete this form)**

Dates to be covered 2/3/2022 - 2/3/2024

**Continuing Education Requirement: 40 hours in integrated services / co-occurring disorders / dual diagnosis between the dates of 2/3/2022 and 2/3/2024.**

Date	Provider	Title	# Hours
		Total Hours	

**Make extra copies as needed.**

### Instructions:

- ✓ Enter only one educational event per row.
- ✓ Provide the information requested in each column for each educational event.
- ✓ Number of hours must total a minimum of 40 for the period 2/3/2022 to 2/3/2024.
- ✓ Attach a copy of a certificate for each educational event listed. **Certificates must show** the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected. Title of educational event must indicate clearly that it is related to integrated services and/or co-occurring disorders.
- ✓ If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.

**THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING "CERTIFICATES ATTACHED" IS NOT ACCEPTABLE**