



**Arkansas Department of Health**  
**STATE BOARD OF EXAMINERS OF**  
**ALCOHOLISM AND DRUG ABUSE COUNSELORS**  
**4815 West Markham Street, Box 42A**  
**Little Rock, AR 72205**  
**Phone: (501) 295-1100 Fax: (501) 251-1151**  
**E-Mail: sbeadac@gmail.com**

## **LICENSURE SUBMISSION CHECKLIST**

**The following is a list of documents that must be submitted** to the Credentialing Committee of the Arkansas State Board of Examiners of Alcoholism and Drug Abuse Counselors. Application packets **must be postmarked**. No hand delivered application packets will be accepted.

- (1) Applicant must be twenty-one (21) years of age or older, **please submit:**
  - (a) copy of valid drivers license, OR
  - (b) copy of birth certificate
  
- (2) Applicant has successfully completed a minimum of three (3) years **or six thousand (6,000) hours** of clinically supervised experience. Supervised experience must be approved and documented by a Certified Clinical Supervisor in good standing with the Board.
  
- (3) Applicant has successfully completed a minimum of two hundred seventy (270) clock hours of approved education. Approved education must be directly related to alcoholism and/or drug abuse counseling subjects, theory, practice, or research. **Please submit:**
  - (a) certificates of workshops, in-service trainings, and/or conferences (minimum of six hours related to ethics); AND/OR
  - (b) overview and documentation of continuing education related to theory, practice, or research from an accredited institution of higher education (3 semester hours converts to 42 clock hours of approved education)

**All education hours are subject to review and approval by the SBEADAC Credentialing Committee.**

- (4) Completed registration application form provided by the SBEADAC.
- (5) Notarized "Statement of Agreement" that certifies under penalty of perjury, that all education and experience requirements have been met.
- (6) Signed written agreement to abide by the "Code of Ethics".
- (7) Three (3) letters of reference.

- (8) **Remit** license fee of \$265.00. **Please make check or money order payable to SBEADAC.**
- (9) Applicant has passed a national qualifying written examination prescribed by the SBEADAC, sufficient to ensure professional competence in keeping with the highest standards of the alcoholism and drug abuse counseling profession. **Please submit a copy of all current professional credentials.**
- (10) Applicant must hold a:
- (a) masters degree or higher
  - (b) baccalaureate degree

**Have official transcript mailed directly from the college or university to:**

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Please do not return this form to the Board. This form is for your records and is designed to assist in ensuring you have submitted all required items.