

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 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:**

Certificates of workshops, in-service trainings, and/or conferences (minimum of six hours related to ethics).

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
- (c) high school diploma or equivalent

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

*SBEADAC
P.O. Box 873
Bryant, AR 72089*

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.



STATE BOARD OF EXAMINERS OF ALCOHOLISM AND DRUG ABUSE COUNSELORS

P. O. BOX 873
BRYANT, AR 72089

REGISTRATION APPLICATION

CREDENTIAL APPLYING FOR:

LADAC _____ LAADAC _____ CADAT _____

Name: _____
(last) (first) (middle initial)

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Telephone: Home () _____ Work () _____

Cell Phone: (optional) _____

SSN: _____ Gender: Male _____ Female _____

EMPLOYMENT

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Position: _____

EDUCATION

Highest degree earned: _____ Doctoral
_____ Masters
_____ Bachelor
_____ High school or equivalent

Institution awarding highest level of education: _____

Date highest level awarded: _____ Major: _____

EXPERIENCE

Number of years of professional experience: _____

Please list all relevant, current professional credentials; including the issuing authority, credential number, and date of expiration. (**Attach copy.**)

Professional affiliations:

Have you ever been refused a professional credential/license? _____ Have you ever had a professional credential/license revoked? _____ Are you currently under investigation? _____ If you answered yes to any of the above questions please explain: _____

STATEMENT OF AGREEMENT

I, _____, hereby submit my application for licensure/certification to the Arkansas State Board of Examiners of Alcoholism and Drug Abuse Counselors. I hereby certify that the information submitted in this application is true and complete to the best of my knowledge and understand that, if licensed, falsified statements shall be grounds for revocation or denial of licensure.

I authorize the investigation of all statements contained herein to include references, educational, and other pertinent background information required by law for licensure.

Signature

Date

State of: _____

County of: _____

Subscribed and sworn before me, a Notary Public in and for the county and state aforesaid, this the _____ day of _____, 20_____.

Notary Public: _____

My commission expires: _____