



**AR Department of Health**  
**State Board of Examiners of Alcoholism & Drug Abuse Counselors**  
4815 West Markham, Box 42A  
Little Rock, AR 72205  
Phone: (501) 295-1100 Fax: (501)251-1151  
E-mail: [sbeadac@gmail.com](mailto: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 of -supervised work experience. Supervised experience must be approved and documented by a Supervisor in good standing with the Board.
- (3) Applicant has successfully completed a minimum of (1) a completed Master's degree for an (LADAC) Licensed Alcohol and Drug Abuse Counselor or (2) a completed Bachelor's degree for an (LAADAC) Licensed Associate Alcohol and Drug Abuse Counselor license. Approved education must be directly related to alcoholism and/or drug abuse counseling subjects, theory, practice, or research. **Please submit:**
  - (a) Proof of a 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) Master's degree or higher for an LADAC
  - (b) Bachelor's degree for an LAADAC
- (11) Applicant must provide a Pre-Licensure Criminal Background Check Petition.

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

*Arkansas Department of Health*  
State Board of Examiners of  
Alcoholism and Drug Abuse Counselors  
4815 West Markham, Box 42A  
Little Rock, AR 72205

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.