



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 RENEWAL FORM

Please return the following items in one packet to the address above:

1. **Biennial Renewal Fee and this form (Post-marked on or before December 31, 2023) Fee scheduled: LADAC - \$250 LAADAC - \$200**

*If you would like to receive your new documents on or before January 1, 2024, Administrator must receive your packet prior to the Dec. meeting in 2023.*

2. **Continuing Education Documentation (Minimum of 40 hours completed during the time frame of January 1, 2022 through December 31, 2023).  
\* See Continuing Education Documentation Form on website.**
3. **\*See Contact Information Form on website.**

Counselors licensed under Act 1588 of 1999 shall be required to submit biennially at the time of renewal, a license renewal fee to be established by the Board. No license shall be renewed unless the renewal request is accompanied by evidence satisfactory to the Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors of completion during the previous twenty-four (24) months of relevant professional or continuing education experience. Failure to pay the biennial renewal fee within the time stated shall automatically suspend the right of any licensee to practice while delinquent.

If all renewal materials and fees are not submitted by December 31, 2023, your license expires, effective December 31, 2023. Unless your license is renewed by December 31, 2023, it will automatically be suspended until all delinquent materials are submitted and approved by the Board. If your license is not reinstated within four (4) months, you must apply as a new applicant. Any practice while your license is suspended is in violation of Act 1588 of 1999. Any license renewal after December 31, 2023 will be assessed a late renewal fee of \$50 per month, or any part of a month, in addition to the biennial renewal fee.

As a Licensed Alcoholism and Drug Abuse Counselor I understand that I have the sole responsibility to ensure that all necessary fees and documents are received in timely fashion by the Board for renewal.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)