



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

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 two hundred seventy (270) clock hours of approved education. Approved education must include courses related to alcoholism and/or drug abuse counseling subjects, theory, practice, or research. Applicant must have either:
 - (a) Master's degree or higher for an (LADAC) Licensed Alcohol & Drug Abuse Counselor. OR
 - (b) Baccalaureate degree for an (LAADAC) Licensed Associate Alcohol & Abuse Counselor.
- (4) 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.

- (5) Completed registration application form provided by the SBEADAC.
- (6) Notarized "Statement of Agreement" that certifies under penalty of perjury, that all education and experience requirements have been met.
- (7) Signed written agreement to abide by the "Code of Ethics".
- (8) Three (3) professional letters of reference.
- (9) **Remit** license fee of \$265.00. **Please make check or money order payable to SBEADAC.**

- (10) 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.**
- (11) Applicant must provide a copy of a recent State Police Criminal Background Check.

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.