



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) 683-0707 Fax: (501) 682-0427
E-Mail: arbeadac@arkansas.gov

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 in the behavioral health field for an (LADAC) Licensed Alcohol & Drug Abuse Counselor or (2) a completed Bachelor's degree in the behavioral health field for an (LAADAC) Licensed Associate Alcohol & Drug Abuse Counselor. Approved education must be directly related to mental health and alcoholism/drug abuse counseling subjects, theory, practice, or research. **Please submit:**
 - (a) Proof of a minimum of (6) six hours related to Ethics within the last (2) two years.

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

- (4) Completed registration application form provided by the ARBEADAC.
- (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 ARBEADAC.**

- (9) Applicant has passed a national qualifying written examination prescribed by the ARBEADAC, 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.**

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

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Or you may have your college or university send an official transcript electronically to: arbeadac@arkansas.gov.

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.