P.O. Box 80235 Baton Rouge, Louisiana 70898-0235



Phone: (225) 766-2992 Fax: (225) 766-8552 www.lasact.org

## Louisiana Addiction Counselor Training (LACT) Program

**Total Application Packet** 

## **GENERAL INFORMATION:**

- All information requested on the Application form is confidential.
- All information requested is required for successful completion of application for admission to LACT. An e-mail address is required for all applicants for communication with LACT.
- Applications for all LACT courses are accepted on a first-come, first-served basis as space is available.
- Individuals registered for LACT courses are responsible for payment of full course fees, even if they are unable to attend all class sessions.
- Fees are fully refundable upon written request until two weeks prior to the start of each course.
- Individuals may register for as many courses as they wish on Form 2.
- LACT will acknowledge receipt of applications by e-mail. Detailed information about classes will be provided by email prior to the start of the student's first session. No book purchases are required. Students must come to class with pens and paper to take notes.
- For additional information contact the LACT Director at 225.317.0933 afternoons only

## **APPLICATION PROCESS:**

- 1. Complete Form 1, the Application for Admission, providing **all** requested information.
- 2. Attach separate sheet with Statement of why you want to enter the LACT Program and your Career Goals.
- 3. Complete Form 2 by checking the course(s) you plan to take. If enrolling for full year, check first item only.
- 4. If not currently a LASACT member and want to get the discounted membership tuition rate, complete the "LASACT Membership Form for LACT Students" (Form 3) and submit with other application forms.
- 5. Send signed Forms 1, 2 and 3 with the appropriate fees to the address shown below. See "Fee Notes" on Form 2 for minimum fees due at time of registration.
- 6. Make check or money order payable to LASACT, and mail to: LASACT P.O. Box 80235 Baton Rouge, LA 70898-0235. Fees may also be paid by credit card or by PayPal online. A convenience fee of \$5 is added to all credit card transactions amounting up to \$199; a \$10 convenience fee for transactions between \$200 to \$299; and a 3.5% convenience fee applies to amounts \$300 or more.

## **COURSES OFFERINGS:**

Minimum enrollment fee to become a member of LASACT and get a discounted tuition rate is \$285. This amount includes LASACT dues through December 31 of current year (\$90) + materials fee (\$95) + first month tuition (\$100). *Convenience fees will be applied as necessary.* 

- Minimum fee for <u>current LASACT members</u>: \$195 (\$95 materials fee + \$100 first month tuition).
- Refer to later in application for fees if you choose to pay by the quarter, half year, or full year.
- Refer to later in application for fees for those who choose <u>not to join LASACT to get the discounted tuition rate</u>.

	Check here if enrolling for full year of classes, consisting of the classes listed below.
Check	which course(s) you are registering for If NOT taking the full year of study.
	Pharmacology - January through March quarter
	Counseling Theories & Skills, Part 1 - April through June quarter
	Counseling Theories & Skills, Part 2 - July through September quarter
П	The Counseling Process - October through December quarter

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Date

	ICANT INFORMATION (P	lease print)	Race/Ethnicity:		
Title:	MrMsOth	ner	☐ White		
			☐ Black or African American ☐ Asian		
Las	rt Name First Name/M.	I. Date of Birth	☐ American Indian and Alaska Native ☐ Native Hawaiian and Other Pacific Islander		
	Email Addres	s (Required)	Primary Language Spoken:		
(	)	)	☐ English ☐ German ☐ Other ☐ Spanish ☐ Chinese		
	Cell Phone	Work Phone	☐ French ☐ Vietnamese		
	Position Title	Employer	<b>Armed Forces/Veteran:</b> □ Yes □ No		
		Mailing Address			
Gender:		☐ Married ☐ Divorced ☐ Widowed ☐ Single ☐ Separated	Education:		
Are you	in recovery? ☐ Yes ☐ No	Where was the ab	ove degree(s) earned?		
CENE	DAL INCODMATION (Dis	aga nuint)			
	RAL INFORMATION (Plea	-			
ADKA	Credential/LASACT Certifica	te/Other Credential - Include a ATA# Exp. Date			
		PRSS # _ Exp. Date			
		Other Exp. Date Specify Type & number, i.e. LCSW			
PAYM	IENT INFORMATION (Ple	ase print)			
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Signature