

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225.766.2992
Fax 225.766.8552 • e-mail: admin@lasact.org • web site: www.lasact.org

**Instructions for Completion of Application for
Louisiana Addiction Counselor Training (LACT) Program**

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.
- § Persons 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 the 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 to take notes.**
- § For additional information contact the LACT Director at 225.766.2992 - afternoons only or email admin@lasact.org



To complete Application Process:

- § Complete Form 1, the Application for Admission, providing **all** requested information.
- § **Attach separate sheet with Statement of reason you want to enter the LACT Program and your Career Goals.**
- § Complete Form 2 by checking the course(s) you plan to take. If enrolling for full year, check first item only.
- § 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.
- § Send signed Forms 1, 2 and 3 and statement of career goals with the appropriate fees to the address shown below. See “Fee Notes” on Form 2 for minimum fees due at time of registration.
- § 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. **A convenience fee of \$10 is added to all credit card payments in amount of \$200 or more; \$5 convenience fee applies to amounts up to \$199.**

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Louisiana Addiction Counselor Training (LACT) APPLICATION FOR ADMISSION (Please type or print)

* = Required Information

NAME:

Mr. Mrs. Ms. _____
Other Title _____ Last First Middle

*MAILING ADDRESS:

Street/P.O. Box City State ZIP

EMPLOYER: _____

OFFICE ADDRESS:

Street City State ZIP

Phones: Work _____ *Cell _____ Home _____

*E-MAIL ADDRESS: _____

Highest Grade Level completed - Check all that apply:

Some high school; didn't finish Completed high school ♦ Date & Where _____
 Some college; didn't finish Completed college ♦ Degree & Where from _____
 Some graduate school; didn't finish Completed Graduate School ♦ Degree earned & Where _____

Are you in recovery? Yes No

I am joining LASACT to get the discounted tuition rate & pay LACT Program fees as follows:

Enclosed is:

- Minimum enrollment fee of \$285 which includes \$90 LASACT dues for current calendar year; \$95 materials fee; \$100 first month of tuition. I will pay \$100/month for balance of my enrollment year.
- Payment of \$485 for one quarter. Fee includes \$90 LASACT dues for current calendar year; \$95 Materials fee and \$300 tuition for one quarter. I will pay \$300 per quarter for the balance of my enrollment year.
- Payment of \$785 for one half year. Fee includes \$90 LASACT dues for current calendar year; \$95 Materials fee and \$600 tuition for half year. I will pay \$600 for the balance of my enrollment year.
- Payment in full of \$1385 for the entire year of study. Fee includes \$90 LASACT dues for current calendar year; \$95 Materials fee and \$1200 tuition for full year.

I am NOT a LASACT member and do not choose to join to get discounted tuition rates. I understand that the non-member tuition rate is \$2400 per year plus \$95 Materials fee. If I choose this option, I will contact Director of LACT Program to discuss payment options.

Note: Materials Fee is Not Refundable.

Payment Options:

1. Check or money order payable to LASACT & mailed to: LASACT – P.O. Box 80235 – Baton Rouge, LA 70898- 0235

2. By Credit card - Fill in information requested below and mail to the above address or fax to 225.766.8552.

Credit Card Type & #: _____ Name on card _____

Expiration Date: _____ Security Code _____ Billing ZIP Code for card _____

Credit card information may be phoned in to LACT Director AFTERNOONS ONLY at 225.766.2992, if followed by fax of this form to 225.766.8552. Convenience fee of \$10 applies to all payments of \$200 or more; \$5 applies to payments under \$200.

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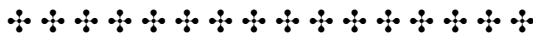
COURSES OFFERED

Please register me for the following course(s). I am enclosing the Application Form and the appropriate fee as noted below:

Fee Notes:

Minimum enrollment fee to become a members of LASACT and get discounted tuition rate is \$285. This amount includes LASACT dues through December 31 of current year (\$90) + materials fee (\$95) + first month tuition (\$100) = \$285. Convenience fee of \$10 is added for credit card payments.

- § Minimum fee for current LASACT members: \$155 (\$95 materials fee + \$100 first month tuition = \$195).
- § Refer to Application form for fees if you choose to pay by the quarter, half year, or full year.
- § R e f e r to Application form for fees for those who choose not to join LASACT to get the discounted tuition rate.



_____ 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 Skills - April through June quarter

_____ Counseling Theories - July through September quarter

_____ The Counseling Process - October through December quarter



Print Name

Signature

Date

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MEMBERSHIP APPLICATION - LACT STUDENTS

I am requesting (check one): new membership renewal of current membership reinstatement (\$25 fee)

NAME:

___ Mr. ___ Mrs. ___ Ms. _____

Other Title _____ Last _____ First _____ Middle _____

MAILING ADDRESS:

Street/P.O. Box _____ City _____ State _____ ZIP _____

EMPLOYER: _____

OFFICE ADDRESS:

Street _____ City _____ State _____ ZIP _____

PHONES: Office _____ Cell: _____

Home: _____

E-MAIL ADDRESS (required): _____

ADRA Credential/LASACT Certificate/Other Credential - Check all that apply:

___ ATA# _____ EXP. DATE _____

___ PRSS # _____ EXP. DATE _____

___ Other _____ EXP. DATE _____

(Specify Type & number, i.e. LCSW #0000)

Membership dues are \$90.00 per calendar year regardless of date of initial membership. All memberships expire on December 31 each year. **Membership cannot be processed without this form.**

Payment Options:

1. Check or money order payable to LASACT and mailed with application forms to:

LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235

2. By Credit card - \$10 service fee applies to all purchases over \$200; \$5 if under \$200

Please fill in the information requested below and submit with application:

Credit Card Type & #: _____ Name on card: _____

Expiration Date: _____ Security Code _____ Billing ZIP Code _____

Credit card information may be phoned in to LACT Director AFTERNOONS ONLY at 225.766.2992, if followed by fax of this form to 225.766.8552.

Applications cannot not be processed until this form is received in LASACT office.