

# Board of Licensed Alcohol and Drug Counselors State of Oklahoma

P.O. Box 54388  
Oklahoma City, OK 73154



101 NE 51<sup>st</sup> St.  
Oklahoma City, OK 73105

## **LADC & CADC LICENSE RENEWAL**

Included in your 2013 renewal packet you need:

1. 2013 LICENSURE / CERTIFICATION RENEWAL Form (this sheet)
2. Continuing Education Roster (2<sup>nd</sup> sheet)
3. \$ 100.<sup>00</sup> POSTMARKED ON OR BEFORE JUNE 30, 2012!
4. **\$25.00 SUPERVISOR CREDENTIAL RENEWAL**

All items must be sent in together in ONE packet or your renewal will NOT be processed. Your renewal packet must be postmarked on or before June 30<sup>th</sup> 2011 or you will be charged a **\$25.00 late fee per month.**

Every active licensee is to have 20 clock hours of continuing education (CEUs) and must complete the Continuing Education Roster (enclosed).

Ten (10) hours of your CEU's need to be drug & alcohol specific the other ten (10) can be any other mental health, three (3) hours ethics and **(3) hours of Supervision if you are Renewing your Supervisor's Credential.** Your ethics can be mental health or drug & alcohol and you count them in the area in which you took them. Please clearly mark on your CEU roster which workshops that will count for your drug & alcohol and ethics.

**DO NOT SEND** verification of attendance forms. We will not accept copies of certificates as proof of attendance. If certificates are sent in they will be thrown away. It is your responsibility to keep all your certificates in the event that your name is chosen randomly for audit.

Only education obtained after July 1st, 2011 will be accepted for renewal purposes.

Please complete the reverse side, sign and mail to P.O. Box 54388 with CEU roster and \$100.00  
**Postmarked ON OR BEFORE June 30, 2012.**



[www.okdrugcounselors.org](http://www.okdrugcounselors.org)  
Phone: (405) 521-0779 • FAX (405) 521-0291

# 2013 LADC / CADC RENEWAL

FEE: \$ **100.00** (IF POSTMARKED BEFORE JUNE 30, 2011)

PLEASE TYPE OR PRINT CLEARLY

~~+\$25.00 if Renewing Supervision Credential~~

Name: \_\_\_\_\_ LADC/ CADC (PLEASE CIRCLE TYPE) #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer email: \_\_\_\_\_

**We are responsible for maintaining accurate data on all counselors licensed in Oklahoma, please answer the following questions:** 1. Are you in compliance with the Oklahoma Tax Commission? Y N  
2. Are you a Certified Case Manager? Y N 3. Are you self-employed? Y N  
4. Are you a DUI/ADSAC assessor? Y N \*If CADC, and you are a DUI/ ADSAC assessor and/ or self-employed (and not working at an agency) you must list your Supervisor's Name: \_\_\_\_\_  
per Title 38:10-7-3 (3) & (5). The contract may be found at [www.okdrugcounselors.org](http://www.okdrugcounselors.org) under forms and apps" to be submitted to the OBLADC office within 14 days of renewal.

Other Licenses held and number: LBP \_\_\_\_\_ LCSW \_\_\_\_\_ LMFT \_\_\_\_\_ LPC \_\_\_\_\_ Other: \_\_\_\_\_

## SINCE **06/30/2011** DO ANY OF THE FOLLOWING APPLY TO YOU?

(THE PAST YEAR ONLY!)

1. Has your application for a license or certification ever been denied?	Y N
2. Have you surrendered a license or had any disciplinary action taken on any license or certification?	Y N
3. Have you been requested to appear before a licensing or disciplinary agency?	Y N
4. Have you been arrested for, charged with or convicted of a felony or misdemeanor other than a traffic violation?	Y N
5. Have you been arrested for, charged with or convicted of a traffic violation involving the use of drugs or chemical substance including alcohol?	Y N
6. Have you been addicted to or abused any drug or chemical substance including alcohol?	Y N
7. Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	Y N
8. Have you had any physical, mental, emotional or nervous disorder or condition, which if untreated, could affect your ability to practice competently?	Y N
9. Have you been denied provider participation, terminated, sanctioned or penalized by any third party payer to include TRICARE, MEDICARE, or MEDICAID?	Y N
10. Have you surrendered or had any adverse action taken against any license or certification (State or Federal)?	Y N
11. Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	Y N
12. Have you been the subject of disciplinary action, including probation, by a hospital, clinic, practice group or agency?	Y N
13. Have you been named as a defendant in a malpractice civil suit?	Y N

⇒ If you have answered **yes** to any of the above questions, please explain on a separate sheet of paper.

I attest the information in this renewal application is true and correct and reaffirm my adherence to the Code of Professional Conduct of Oklahoma State Board of Licensed Alcohol and Drug Counselors as defined in the BLADC Rules and Regulations.

\_\_\_\_\_  
2 Signature of Licensee

\_\_\_\_\_  
Date



**OKLAHOMA BOARD OF LICENSED ALCOHOL AND DRUG COUNSELORS**

**CONTINUING EDUCATION ROSTER**

(Please do not submit individual C. E. verification documents)

**NAME:** \_\_\_\_\_ **TOTAL CLOCK HRS** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LADC/CADC (please circle type) #:** \_\_\_\_\_

Please provide the requested information for Continuing Education hours earned and submit this roster with your renewal form and fee. You will be notified if you are to submit verification materials for an audit. Fraudulent submission of continuing education will result in disciplinary action against you. Keep your verification materials on file for at least two years.

**PLEASE CLEARLY MARK WHICH WORKSHOPS ARE  
10 HOURS OF DRUG & ALCOHOL SPECIFIC AND 3 HOURS OF ETHICS**

HOURS	<i>Workshop Name:</i> _____ <i>Sponsoring Agency:</i> _____ <i>Presentation Date:</i> _____
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HOURS	<i>Workshop Name:</i> _____ <i>Sponsoring Agency:</i> _____ <i>Presentation Date:</i> _____
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HOURS	<i>Workshop Name:</i> _____ <i>Sponsoring Agency:</i> _____ <i>Presentation Date:</i> _____
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HOURS

Workshop  
Name: \_\_\_\_\_  
Sponsoring  
Agency: \_\_\_\_\_  
Presentation Date: \_\_\_\_\_

HOURS

Workshop  
Name: \_\_\_\_\_  
Sponsoring  
Agency: \_\_\_\_\_  
Presentation Date: \_\_\_\_\_

HOURS

Workshop  
Name: \_\_\_\_\_  
Sponsoring  
Agency: \_\_\_\_\_  
Presentation Date: \_\_\_\_\_

HOURS

Workshop  
Name: \_\_\_\_\_  
Sponsoring  
Agency: \_\_\_\_\_  
Presentation Date: \_\_\_\_\_

HOURS

Workshop  
Name: \_\_\_\_\_  
Sponsoring  
Agency: \_\_\_\_\_  
Presentation Date: \_\_\_\_\_

# Credit Card Payment Authorization Form

Please provide the following pertinent information



\*CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*EXPIRATION DATE

MO.		YR.	

\*VCODE

--	--	--	--

Verification Code (VCODE) - A 3-4 digit, non embossed number found on card signature panel or near embossed number on front.

\*Name on credit card

--

*Your name as it appears on the card and the name of your organization (if applicable)*

\*Billing address

--

\*Zip code

--

\*Telephone No. \_\_\_\_\_

\*Amount: \_\_\_\_\_

\* Signature: \_\_\_\_\_

Profession: \_\_\_\_\_

*CADC, LADC etc.*

What is the payment for? \_\_\_\_\_

*E.g.: Application, renewal, copies etc.*

**\* PLEASE NOTE - WE WILL NOT PROCESS YOUR REQUEST IF THE REQUIRED FIELDS ARE BLANK**

If payment is for an application or renewal, please provide the following additional information:

Name(s) and license #(s)(if applicable) to apply payment to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_