



Oklahoma Board of Licensed Alcohol and Drug Counselors

P O Box 54388
Oklahoma City, OK 73154-0388
405-521-0779

Instructions for making application as a Licensed Alcohol Drug Counselor/Mental Health (LADC/MH),
Licensed Alcohol Drug Counselor (LADC), Certified Alcohol Drug Counselor (CADC)

SUBMISSION OF APPLICATION: Your application for licensure/certification must be returned by mail or in person, to the OBLADC Office in packet form. This means that all forms, university transcript(s) and fee must be submitted together in one envelope. Below is a recommended sequence for completing your application:

1. Study the Act and Regulations at www.okdrugcounselors.org . These documents describe the particulars of your application and professional behavior as a licensee/certified person.
2. Complete your part of the following documents and distribute them to the appropriate third parties, then retrieve the signed documents from the third party for submission:
 - A. Three documents of recommendation from three professionals.
 - B. Your personal philosophy of counseling, including methods and approach, particularly relating to alcoholism and alcohol, drug use, misuse and abuse and whatever therapeutic styles you utilize in your counseling should be stated in no more than 300 words.
 - C. Signed Code of Ethics.
3. Photocopy of personal identification that includes a current photograph (e.g., current driver's license, passport, etc.)
4. Supervision agreement, signed by yourself and your supervisor.
5. University transcript – **request that an official** copy of your transcript be mailed to you from the University registrar. The transcript must be in a sealed envelope with the registrar's stamp over the flap. Include the unopened envelope from the registrar in your application material.
5. Complete this application form (page 2), notarized, with current picture and with a personal check, Money Order, Cashier's Check, or Credit/ Debit Card for the application fee of \$175.00.
7. Sign the consent at the bottom of page 2.
8. For your own protection:
 - A. Photocopy all the documents you have submitted.
 - B. Submit your documents by certified mail.
 - C. Double check – to ensure that all forms are completed as per instructed, transcript(s) are in a sealed envelope from the registrar, and that all forms are signed. Failure to comply with the instructions will cause a delay in the process of your application.

Assemble all the above materials and submit them in one envelope to:

**(OBLADC)
OKLAHOMA BOARD OF LICENSED ALCOHOL AND DRUG COUNSELORS
P O Box 54388
Oklahoma City, OK 73154-0388**

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- Check here if you have taken and passed the IC&RC (or equivalent) written test only.
- Check here if you have taken and passed the IC&RC (or equivalent) written and oral test, sign the release form below and mail to the OBLADC office with the following documentation. (If you have taken the IC&RC tests in another state, you must contact IC&RC to get a copy of your test results.)

I am applying for LADC/MH LADC CADC I have completed Bachelor Masters

Name: _____ Application Date: _____

Address: _____
(Street or PO Box) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail: _____

Social Security Number: _____ Work Phone: _____

Employer: _____

Address: _____
(Street or PO Box) (City) (State) (Zip)

Have you ever been convicted, pled guilty or nolo contendere to a felony? _____ Yes _____ No

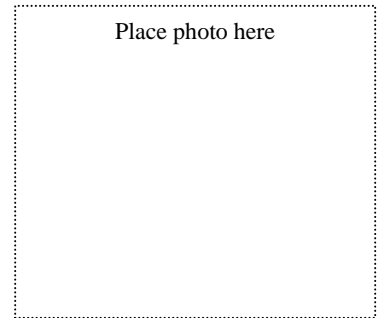
If yes, when? _____

Include documentation with materials submitted.

Are you on probation? ___ Yes ___ No

Include documentation with materials submitted.

***Having a conviction does not exempt you from obtaining certification or licensure. The Board will make the final decision.**



Initial, sign and notarize

_____ I authorize the Oklahoma Board of Licensed Alcohol and Drug Counselors to conduct a criminal background check and contact any/all references imperative for verification and/or clarification.

(Signature)

(Printed Name)

State of _____

Signed or attested before me on _____ by _____
Date Name of Applicant

County of _____

Notary signature _____ My commission expires: _____