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 (ARBEADAC). Application packets must be postmarked. No hand delivered applicaiton 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 either a (1) Master's degree in the behavioral health field for a Licensed Alcohol & Drug Abuse Counselor (LADAC) or (2) a Bachelor's degree in the behavioral health field for a Licensed Associate Alcohol & Drug Abuse Counselor (LAADAC). 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 six (6) hours related to Ethics within the last two (2) years.
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 nation 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.

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

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

Arkansas Department of Health
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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.