



**SUPPLEMENTAL FORMS FOR  
ADDICTION COUNSELOR (LAC) OR  
ADDICTION COUNSELOR ASSOCIATE  
(LACA) APPLICATION FOR LICENSURE**

State Form 52956 (R1 / 8-24)

**Reset Form**

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD  
PROFESSIONAL LICENSING AGENCY**  
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Indianapolis, IN 46204  
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**FORM C – VERIFICATION OF ADDICTION COUNSELOR COURSEWORK**

Name of Applicant:	Date of Birth:
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**ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.**

Please list the course titles in the areas indicated below, or courses, as they appear on your transcript, that in your opinion, meet the following requirements. If two or more courses combined meet the criteria, list all courses that may apply. Once complete, you will submit the form to the PLA for processing.

**Addictions Theory**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Psychoactive Drugs**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Addictions Counseling Skills**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Theories of Personality**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Developmental Psychology**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Abnormal Psychology**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Treatment Planning**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Cultural Competency**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Ethics and Professional Development**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Family Education**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year

**Group Work**

Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year