



**SUPPLEMENTAL FORMS FOR CLINICAL ADDICTION COUNSELOR (LCAC) AND CLINICAL ADDICTION COUNSELOR ASSOCIATE (LCACA) APPLICATION FOR LICENSURE**

State Form 52957 (R1 / 8-24)

**Reset Form**

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD  
PROFESSIONAL LICENSING AGENCY**  
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**FORM C – VERIFICATION OF CLINICAL ADDICTION COUNSELOR COURSEWORK**

Part of State Form 52957 (R1 / 8-24)

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.

<b>Addiction Counselling Theories and Techniques</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Clinical Problems</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Psychopharmacology</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Psychopathology</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Clinical Appraisal and Assessment</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Theory and Practice of Group Addiction Counselling</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Counselling Addicted Family Systems</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Multicultural Counselling</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Research Methods in Addictions</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year
<b>Human Development</b>				
Name of educational institution	Course number	Course Title	Credit hours	Semester / Quarter
				Year