

Board of Addiction and Prevention Professionals (BAPP)

3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Phone: 605-332-2645 Fax: 605-332-6778

Email: bapp@midconetwork.com Web: www.dss.sd.gov/bapp



APPLICATION FOR ADDICTION COUNSELOR TRAINEE RECOGNITION

INITIAL RECOGNITION: Applicants must have a minimum of a high school diploma or general education diploma (GED) and be employed by or volunteer for an agency to participate in activities related specific to the alcohol and drug counselor domains to include the 12 core functions. High school and/or college transcripts must be submitted with your initial trainee recognition application (unofficial transcripts are acceptable at this time). The initial recognition fee is prorated at a rate of \$12.50 per month from the month of the application to the last day of the month of your birth. Please calculate the fee beginning with the month of application to the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

RENEWAL: After the initial recognition period, trainees will renew their recognition annually in their birth month. You will be sent a renewal notice and invoice the month prior to your renewal date. The annual renewal fee is \$150.00 and must be received in the BAPP Administrative Office (or postmarked) by the last day of your birth month. In order to insure all information is received, the BAPP recommends you submit your renewal application and fee prior to this deadline.

FAILURE TO RENEW BY THE DEADLINE: Any trainee who fails to submit the renewal application and fee by the deadline loses recognition status and may not be identified as an addiction counselor trainee. Any trainee who has allowed their status to lapse may have it restored within 15 days of the expiration date, providing they request reinstatement, submit the renewal application and all applicable documentation, and pay the \$150 reinstatement fee and the \$150 renewal fee. Any trainee wanting to regain status after the 15-day reinstatement period must successfully complete three of the required courses for either CAC or LAC before being allowed to reapply for recognition status.

APPLICATION: Complete the application in its entirety; do not leave information blank or attach separate sheets indicating “see attached”. Return the application with the required fee (see above) to: BAPP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105. Trainees must be supervised by a qualified addiction professional throughout the entire recognition period and must adhere to all applicable ethical standards adopted by the BAPP. (Note: The supervisor cannot be a relative of the trainee.) Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

Trainee Recognition status will be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the examination before their 5-year recognition period ends.

Applicants shall be denied status if they fail to provide accurate and complete information on this application; or, if convicted of, pled guilty or no contest to, and/or received a suspended imposition of sentence for a felony offense within 5 years of the date of application. All sentencing requirements must be completed or satisfied prior to the date of application.

The BAPP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification, Licensure, or Renewal until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual’s name is cleared via monthly written reports from that office.

If you have any questions or need additional information, please feel free to contact the BAPP Administrative Office.

Application for Addiction Counselor Trainee Status

Transcripts and a check (or money order) must accompany this application.

CHECK ONE:

<input type="checkbox"/>	Initial Trainee Recognition - for applicants who have never applied for trainee recognition or held status with the BAPP before.
<input type="checkbox"/>	Reapplication for Trainee Recognition - for applicants whose trainee status previously lapsed, but who are still within their 5-year trainee recognition period. You must show proof of completion of three of the required courses for either certification or licensure before being allowed to reapply for trainee status.

Note: Trainee Recognition status is granted for a maximum of five years.

PERSONAL DATA:

Name: _____
 First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____ Work Email: _____

Work Phone: _____ Work Fax: _____

Social Security #: _____ Birth Date: _____

CURRENT EMPLOYMENT *(Note - Trainees are not permitted to establish their own Independent Practice.)*

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Supervisor's Name: _____

STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:
____ Female
____ Male

Ethnicity:
____ African American
____ American Indian
____ Asian/Pacific Islander
____ Caucasian
____ Hispanic/Latino
____ Other: _____

Educational and Academic Data

HIGH SCHOOL:

High School Attended: _____

City: _____ State: _____

Date of Graduation: _____

--OR--

GENERAL EDUCATION DIPLOMA (GED):

Issued by: _____

City: _____ State: _____

Date: _____

COLLEGE / UNIVERSITY (List ALL post secondary institutions attended):

Name of Institution	City, State	Degree(s) Earned or Pursuing (AA, BA, MA etc.)	Date or Expected Date Conferred	Major Course of Study

Educational and Academic Data (Continued)

SPECIALIZED EDUCATION DOCUMENTATION:

Please list all completed specialized educational courses. You must complete the course requirements for either Option 1 or Option 2 (not both). All courses must equal 3 or more semester credits and earn a “C” grade or higher.

OPTION 1 - COURSES REQUIRED FOR CERTIFIED ADDICTION COUNSELOR (CAC)

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall 2016	B
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Alcohol & Drug Group Counseling						
Ethics for the A&D Professional						
Foundations of Individual Counseling						
Alcohol & Drug Treatment Continuum						
Counseling Families with Alcohol or Other Drug Issues						
Diverse Populations						
A&D Specific Elective						

OPTION 2 - COURSES REQUIRED FOR LICENSED ADDICTION COUNSELOR (LAC)

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Addiction Counseling Theories & Techniques						
Psychopharmacology OR						
Psychopathology						
Legal, Ethical & Professional Standards						
Case Management & Assessment of Co-Occurring Disorders						
Treatment Planning						
Clinical Supervision						
Multicultural Competency						

Professional Code of Ethics

The Code of Ethics and Standards of Practice can be viewed and/or printed at: www.dss.sd.gov/bapp

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification, licensure, or trainee recognition. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The Code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board.

The Code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practice, and behavior.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under your care. When there is evidence that another professional is violating an ethical standard, whether obvious or perceived, you have a responsibility to report the unethical conduct to the BAPP.

I understand and subscribe to the professional Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Signature of Applicant

Date

Authorization and Release of Information

I hereby attest that I have not been convicted of, plead guilty to, or plead no contest to, any felony, or to any crime involving moral turpitude or like offense, including any crimes or offenses where imposition of sentence was suspended.

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal must be disclosed to the Board of Addiction and Prevention Professionals (Board), and that this information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I hereby understand that my obligation to disclose whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal includes any crimes or offenses where imposition of sentence was suspended. (See 'Statement of Felony Charges' form.)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny, suspend, or revoke trainee recognition, certification, or licensure, and may result in administrative, civil, or criminal legal action.

I hereby certify that the information contained herein is correct and true, and that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to check this box, you will need to provide the Board with a written explanation.

Signature of Applicant

Date

Please print your name below as you would like it to appear on your certificate.

Printed name: _____

Statement of Felony Charges

All felony charges must be disclosed to the Board of Addiction and Prevention Professionals (BAPP). Felony charges include being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal and includes any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I have had felony charges filed against me. Yes _____ No _____

If you answered 'yes', please provide the requested information below and attach copies of court files and records showing a thorough explanation of the facts and circumstances surrounding the charges and specific information regarding what charges were filed, including exact dates, terms and conditions of the sentence/conviction, and when all terms and conditions were met.

Date charges were filed: _____

The Disposition (provide a thorough explanation of the facts and circumstances surrounding the charges):

The Sentence/Conviction and Fine (also include terms and conditions of the sentence, probation, etc. and when all terms and conditions were met):

Date all sentencing requirements were completed: _____

State why you feel this felony charge does not affect your ability to effectively work in the addiction counseling or prevention services field:

Signature of Applicant

Date

If you answered 'no', you are still required to sign and date this page.

Clinical Supervisor Code of Ethics

The Clinical Supervisor must complete and sign this page

The Code of Ethics and Standards of Practice can be viewed and/or printed at: www.dss.sd.gov/bapp.

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical supervision embraces a potential ethical vulnerability; therefore, clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

Clinical Supervisors shall uphold the Code of Ethics and Standards of Practice; and, have a responsibility to adhere to “Principle VII: Supervision and Consultation”, to ensure that Trainees receive the supervision necessary for professional development.

I affirm, understand and will adhere to the Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of trainees recognized by the BAPP and/or disciplinary actions and sanctions against my credential as an Addiction Counselor or Prevention Specialist.

By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Supervisor’s Printed Name _____

Supervisor’s Job Title _____

Credential: CAC ____ LAC ____ Agency Phone: _____

Agency Name: _____

Signature of Supervisor

Date