





# 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 you have attended):

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

**Official transcripts must be submitted from EVERY post-secondary institution you attended, and must be sent directly from the college/university.**

# Educational and Academic Data (Continued)

## **SPECIALIZED EDUCATION DOCUMENTATION:**

List all completed specialized educational courses.

A minimum of five courses must be at the graduate level.

All courses must equal 3 or more semester credits and earn a “C” grade or higher.

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

# Work Experience Documentation

**All experience must be specific to addiction counseling. List all relevant experience, beginning with your current place of employment. Verification must be received for all experience.**

**Applicant's Name:** \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

# Work Experience Verification

**Applicant:** All experience must be verified. Make a copy of this form for each agency where you completed work experience. Complete the top section and submit the form to each agency that is verifying your work experience hours.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Clinical Supervisor's Name \_\_\_\_\_  CAC  LAC

APPLICANT STOP HERE

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## THE FOLLOWING MUST BE COMPLETED BY THE AGENCY

The applicant listed above is applying for Licensed Addiction Counselor (LAC). Please verify the work experience for this individual and return this form directly to the Board of Addiction and Prevention Professionals (BAPP), 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105.

- I hereby attest that the above information is true and correct. (If the above information is not correct, please make changes and place your initials beside the changes.) This person was involved in direct service with clients who have a diagnosis of alcohol or other drug abuse or dependence. This experience included both direct and indirect activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions.
- I verify that the applicant was supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) whose name is listed above; and, the required hours of ongoing supervision have been met (i.e. a minimum of eight contact hours each month, with a minimum of one hour of supervision for every ten hours of client contact). (If the supervisor is not credentialed through the BAPP, you must provide proof that he/she is credentialed as an addiction professional at a reciprocal level.)

Applicant's total **hours** of qualifying work experience: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name / Title / Credential: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# Supervised Practical Training Hours

**Provide a description of 300 hours of supervised practical training. You must have at least 10 hours in each area and give specific examples of how you apply the principles in your professional practice.**

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Agency where completed: \_\_\_\_\_

|                  |                     |
|------------------|---------------------|
| <b>SCREENING</b> | <b>TOTAL HOURS:</b> |
|------------------|---------------------|

Description:

|               |                     |
|---------------|---------------------|
| <b>INTAKE</b> | <b>TOTAL HOURS:</b> |
|---------------|---------------------|

Description:

|                     |                     |
|---------------------|---------------------|
| <b>ORIENTATION:</b> | <b>TOTAL HOURS:</b> |
|---------------------|---------------------|

Description:

|                   |                     |
|-------------------|---------------------|
| <b>ASSESSMENT</b> | <b>TOTAL HOURS:</b> |
|-------------------|---------------------|

Description:

# Supervised Practical Training Hours (Continued)

|                           |                     |
|---------------------------|---------------------|
| <b>TREATMENT PLANNING</b> | <b>TOTAL HOURS:</b> |
|---------------------------|---------------------|

Description:

|                   |                     |
|-------------------|---------------------|
| <b>COUNSELING</b> | <b>TOTAL HOURS:</b> |
|-------------------|---------------------|

Description:

|                        |                     |
|------------------------|---------------------|
| <b>CASE MANAGEMENT</b> | <b>TOTAL HOURS:</b> |
|------------------------|---------------------|

Description:

|                            |                     |
|----------------------------|---------------------|
| <b>CRISIS INTERVENTION</b> | <b>TOTAL HOURS:</b> |
|----------------------------|---------------------|

Description:

|                         |                     |
|-------------------------|---------------------|
| <b>CLIENT EDUCATION</b> | <b>TOTAL HOURS:</b> |
|-------------------------|---------------------|

Description:



# Supervised Practical Training Hours (Continued)

**REFERRAL**

**TOTAL HOURS:**

Description:

**REPORTS & RECORD KEEPING**

**TOTAL HOURS:**

Description:

**CONSULTATION**

**TOTAL HOURS:**

Description:

**NOTE: You must document a minimum of 300 hours of supervised work experience.**

**GRAND TOTAL:**

I, (*printed name of supervisor*) \_\_\_\_\_, hereby ATTEST that the above information is true; and, all work experience hours were under my supervision.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

# Professional Code of Ethics

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

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Signature of Applicant

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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 of 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 and 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. Also, make sure the BAPP Office has on file copies of court documents 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:

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Signature of Applicant

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Date

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

# SUPERVISOR EVALUATION AND RECOMMENDATION

**INSTRUCTIONS FOR THE APPLICANT:** Give or mail this form directly to your supervisor(s) after you have filled in the bottom portion of this page. If your present supervisor has been supervising you for less than six (6) months, make a copy of this form and provide it to your immediate and past supervisors.

## CONFIDENTIAL

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Dear Supervisor:

The individual listed below is applying to the Board of Addiction and Prevention Professionals (BAPP) for Licensed Addiction Counselor (LAC). The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The BAPP believes that your observation will provide a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation and recommendation, plus recommendations from other professionals, and the data furnished by the applicant, will be used in determining eligibility. The process can only be as good as you and the others make it, by careful and truthful reporting.

Please return the completed evaluation **DIRECTLY TO:**

**BAPP**  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE & CREDENTIALS\*: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_

\*If you are not credentialed through the BAPP, you must provide proof that you are credentialed as an addiction professional at a reciprocal level.

## SUPERVISOR EVALUATION AND RECOMMENDATION (Continued)

**APPLICANT'S NAME:** \_\_\_\_\_

The following items represent the skills needed by an Addiction Counselor. Evaluate the applicant for their abilities in each area. Mark the rating most descriptive of the individual's demonstrated skills. Use N/O (not observed) ONLY if you have never observed nor have any knowledge of the applicant's skill in that area. Please use the following rating scale:

**1 – POOR                      2 – NEEDS IMPROVEMENT                      3 – ACCEPATBLE**  
**4 – GOOD                      5 – EXCELLENT**

| COUNSELOR SKILL AREAS  | RATING    | N/O |
|--|-----------|-----|
| SCREENING: Determining appropriate and timely services for clients with knowledge of his/her problems and their intensity.   | 1 2 3 4 5 |     |
| CLIENT INTAKE: The process of collecting client information for assessment purposes.   | 1 2 3 4 5 |     |
| CLIENT ORIENTATION: Providing clients with general goals, rules, services, rights, etc. of program services.   | 1 2 3 4 5 |     |
| CLIENT ASSESSMENT: Identification and evaluation of information to determine appropriate treatment services.   | 1 2 3 4 5 |     |
| CHEMICAL DEPENDENCY EVALUATION: Knowledge and application of the major theories and stages of addiction and the symptomatology of chemical dependency for assessment of clients.                           | 1 2 3 4 5 |     |
| TREATMENT PLANNING: Defining problems and needs, establishing long- and short-term goals and developing a treatment process and the resources to be used.  | 1 2 3 4 5 |     |
| COUNSELING SKILLS: (Individual, Group, Family) The utilization of special skills to assist in assessing client's problems and facilitating appropriate changes.  | 1 2 3 4 5 |     |
| CASE MANAGEMENT: The coordination of services, agencies, resources or people within a planned framework of action for the achievement of established goals.  | 1 2 3 4 5 |     |
| CRISIS INTERVENTION: Assessing, defining and responding to the needs during acute, emotional, and/or physical distress.  | 1 2 3 4 5 |     |
| CLIENT EDUCATION: Provision of information concerning alcohol and other drug abuse implications, available services, and resources.  | 1 2 3 4 5 |     |
| REFERRAL: Identifying and limiting of appropriate services, familiarization of community and state resources available with demonstration of the referral process, including confidentiality requirements. | 1 2 3 4 5 |     |
| REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.                                 | 1 2 3 4 5 |     |
| CONSULTATION: Relating with agency staff and other professionals to assure comprehensive, quality care for clients.  | 1 2 3 4 5 |     |
| PROFESSIONAL & ETHICAL RESPONSIBILITIES: A counselor's ability to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development.                        | 1 2 3 4 5 |     |

**SUPERVISOR EVALUATION AND RECOMMENDATION (Continued)**

Are you involved in the administration/management of the program where you are employed?

- No
- Yes, limited to clinical aspects (i.e., supervision of counselors).
- Yes, limited to administrative responsibilities.
- Yes, both \_\_\_\_\_% clinical and \_\_\_\_\_ % administrative.

How long have you supervised this applicant? \_\_\_\_\_

For what period of time, while under your supervision, was addiction counseling the major part of this applicant's responsibilities?

From: \_\_\_\_\_ To: \_\_\_\_\_

Describe those activities: \_\_\_\_\_

\_\_\_\_\_

Comments and/or additional information you feel may be pertinent: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have been in a position to observe and have first-hand knowledge of the applicant's work at: \_\_\_\_\_

(Name of work setting)

- I recommend this applicant for licensure.
- I do not recommend this applicant licensure.

I hereby certify that all of the above information is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# Professional Recommendation Form

**Provide this form to a professional and/or academic colleague who is acquainted with your addiction counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'SUPERVISOR EVALUATION AND RECOMMENDATION' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for licensure and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for Licensed Addiction Counselor (LAC). The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for licensure. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_



## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| COUNSELOR SKILL AREAS  | Poor-Excellent | Don’t Know |
|--|----------------|------------|
| Breadth of knowledge in alcohol and other drug abuse                               | 1 2 3 4 5      |            |
| Breadth of knowledge in the twelve core functions                                  | 1 2 3 4 5      |            |
| Relationship ability   | 1 2 3 4 5      |            |
| Communication skills   | 1 2 3 4 5      |            |
| Sense of responsibility & adherence to state & federal confidentiality regulations | 1 2 3 4 5      |            |
| Empathy / understanding  | 1 2 3 4 5      |            |
| Openness / genuineness   | 1 2 3 4 5      |            |
| Honesty / integrity  | 1 2 3 4 5      |            |
| Cooperation with others  | 1 2 3 4 5      |            |
| Ability to recognize and set appropriate limits with clients                       | 1 2 3 4 5      |            |
| Self-assessment / insight  | 1 2 3 4 5      |            |
| Ability to be objective  | 1 2 3 4 5      |            |
| Flexibility / adaptability   | 1 2 3 4 5      |            |
| Emotional stability  | 1 2 3 4 5      |            |
| Crisis problem solving   | 1 2 3 4 5      |            |
| Counseling abilities & competencies  | 1 2 3 4 5      |            |

**Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in the diagnosis of alcohol or other drug abuse or dependence.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# Professional Recommendation Form

**Provide this form to a professional and/or academic colleague who is acquainted with your addiction counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP Administrative Office.**

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Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for licensure and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

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YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| COUNSELOR SKILL AREAS  | Poor-Excellent | Don’t Know |
|--|----------------|------------|
| Breadth of knowledge in alcohol and other drug abuse                               | 1 2 3 4 5      |            |
| Breadth of knowledge in the twelve core functions                                  | 1 2 3 4 5      |            |
| Relationship ability   | 1 2 3 4 5      |            |
| Communication skills   | 1 2 3 4 5      |            |
| Sense of responsibility & adherence to state & federal confidentiality regulations | 1 2 3 4 5      |            |
| Empathy / understanding  | 1 2 3 4 5      |            |
| Openness / genuineness   | 1 2 3 4 5      |            |
| Honesty / integrity  | 1 2 3 4 5      |            |
| Cooperation with others  | 1 2 3 4 5      |            |
| Ability to recognize and set appropriate limits with clients                       | 1 2 3 4 5      |            |
| Self-assessment / insight  | 1 2 3 4 5      |            |
| Ability to be objective  | 1 2 3 4 5      |            |
| Flexibility / adaptability   | 1 2 3 4 5      |            |
| Emotional stability  | 1 2 3 4 5      |            |
| Crisis problem solving   | 1 2 3 4 5      |            |
| Counseling abilities & competencies  | 1 2 3 4 5      |            |

**Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in the diagnosis of alcohol or other drug abuse or dependence.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Professional Recommendation Form

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for licensure and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for Licensed Addiction Counselor (LAC). The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for licensure. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## Professional Recommendation Form (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| COUNSELOR SKILL AREAS  | Poor-Excellent | Don’t Know |
|--|----------------|------------|
| Breadth of knowledge in alcohol and other drug abuse                               | 1 2 3 4 5      |            |
| Breadth of knowledge in the twelve core functions                                  | 1 2 3 4 5      |            |
| Relationship ability   | 1 2 3 4 5      |            |
| Communication skills   | 1 2 3 4 5      |            |
| Sense of responsibility & adherence to state & federal confidentiality regulations | 1 2 3 4 5      |            |
| Empathy / understanding  | 1 2 3 4 5      |            |
| Openness / genuineness   | 1 2 3 4 5      |            |
| Honesty / integrity  | 1 2 3 4 5      |            |
| Cooperation with others  | 1 2 3 4 5      |            |
| Ability to recognize and set appropriate limits with clients                       | 1 2 3 4 5      |            |
| Self-assessment / insight  | 1 2 3 4 5      |            |
| Ability to be objective  | 1 2 3 4 5      |            |
| Flexibility / adaptability   | 1 2 3 4 5      |            |
| Emotional stability  | 1 2 3 4 5      |            |
| Crisis problem solving   | 1 2 3 4 5      |            |
| Counseling abilities & competencies  | 1 2 3 4 5      |            |

**Please provide a written overall assessment of the candidate as a Counselor. Comment on the intellectual and personal assets and/or liabilities that would affect the person’s professional practice in the diagnosis of alcohol or other drug abuse or dependence.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

## ***ALCOHOL AND DRUG COUNSELOR DOMAINS***

Within each domain are several identified tasks that provide the basis for questions in the IC&RC Alcohol and Drug Counselor Examination.

| <b>ADC Domains</b>   | <b>Weight on Exam</b> |
|--|-----------------------|
| Domain I: Screening, Assessment, and Engagement            | 23%                   |
| Domain II: Treatment Planning, Collaboration, and Referral | 27%                   |
| Domain III: Counseling                                     | 28%                   |
| Domain IV: Professional and Ethical Responsibilities       | 22%                   |

### **Domain I: Screening, Assessment, and Engagement**

Tasks:

- Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.
- Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
- Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.
- Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.
- Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.
- Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.
- Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.
- Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

### **Domain II: Treatment Planning, Collaboration, and Referral**

Tasks:

- Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.
- Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.
- Match client needs with community resources to facilitate positive client outcomes.
- Discuss rationale for a referral with the client.
- Communicate with community resources regarding needs of the client.
- Advocate for the client in areas of identified needs to facilitate continuity of care.
- Evaluate the effectiveness of case management activities to ensure quality service coordination.
- Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.
- Document treatment progress, outcomes, and continuing care plans.
- Utilize multiple pathways of recovery in treatment planning and referral.

### **Domain III: Counseling**

Tasks:

- Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.
- Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
- Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.

- Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
- Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.
- Document counseling activity and progress towards treatment goals and objectives.
- Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.
- Provide information about the disease of addiction and the related health and psychosocial consequences.

#### **Domain IV: Professional and Ethical Responsibilities**

Tasks:

- Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.
- Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.
- Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.
- Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.
- Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.
- Obtain written consent to release information from the client and/or legal guardian, according to best practices.
- Prepare concise, clinically accurate, and objective reports and records.

For more information see IC&RC Candidate Guide for Alcohol and Drug Counselor Examination.

## ***TWELVE CORE FUNCTIONS OF THE ALCOHOL AND DRUG ABUSE COUNSELOR AND GLOBAL CRITERIA***

All applicants for Licensed Addiction Counselor (LAC) must document 300 hours of supervised practical training in the following Twelve Core Functions, with a minimum of 10 hours in each core function. The twelve core functions represent a specific entity and although they may overlap, depending on the nature of the Counselor's practice the Counselor must be able to demonstrate competency in each core function and global criteria area.

**SCREENING:** The process by which a client is determined to be appropriate and eligible for admission to a particular program.

### **Global Criteria**

1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate a need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Important factors include the physical condition of the client, outside supports/resources, previous treatment efforts, motivation and the philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant (client) is found ineligible or inappropriate for the program, the counselor should be able to suggest an alternative.

**INTAKE:** The administrative and initial assessment procedures for admission to a program.

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

The intake usually becomes an extension of the screening, when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign consent for treatment and assign the primary counselor.

**ORIENTATION:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client's rights.

### **Global Criteria:**

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of the programs operations.

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group or family context. Portions of the orientation may include other personnel for certain specific parts of the treatment, such as medication.



**ASSESSMENT:** The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

**Global Criteria:**

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life areas (i.e., physical, health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with client's functioning in each of these areas. The result of this assessment should suggest the focus for treatment.

**TREATMENT PLANNING:** Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals and decide upon a treatment process and the resource to be utilized.

**Global Criteria:**

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

The treatment contract is based on the assessment and is a product of a negotiation between the client and counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client and counselor to determine progress in treatment. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, where they will be provided and at what frequency.

Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

**COUNSELING:** (Individual, Group and Significant Others.) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making.

**Global Criteria:**

21. Select the counseling theory(ies) that apply.
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and life-style differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific skill for the particular client. For example, a behavioral approach might be suggested for clients

who are resistant, manipulative and have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the Counselor should be able to explain his/her rationale for choosing a counseling skill in an individual, group or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changes during treatment.

**CASE MANAGEMENT:** Activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.

**Global Criteria:**

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

Case management is the coordination of a multiple services plan. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have pending criminal charges. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the Criminal Justice system.

The client may also be receiving other treatment services, such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

**CRISIS INTERVENTION:** Those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

**Global Criteria:**

30. Recognize the elements of the client's crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture before, during and after the crisis.

It is imperative that the counselor be able to identify the crisis when they surface, attempt to mitigate or resolve the immediate problem and use the negative events to enhance the treatment efforts, if possible.

**CLIENT EDUCATION:** Provision of information to individuals and groups concerning alcohol and other drug abuse, the implications of, and the available services and resources.

**Global Criteria:**

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually and informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing a specific example of the type of education provided to the client and the relevance to the case.

**REFERRAL:** Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

**Global Criteria:**

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

**REPORTS AND RECORD KEEPING:** Charting the results or the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

**Global Criteria:**

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

The report and record-keeping function is extremely important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervision providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it can enhance the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

**CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT SERVICES:**

Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

**Global Criteria:**

43. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

Consultations are meetings for discussions, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations also can be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers and other service providers connected with the client's case.

# REQUEST FOR SPECIAL ACCOMMODATIONS

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return the forms to the BAPP for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Preferred Exam Date: \_\_\_\_\_ Preferred Exam Location: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Special Accommodations

I request special accommodations for the following IC&RC examination (please check one):

ADC \_\_\_\_\_ PS \_\_\_\_\_

Please provide (check all that apply):

\_\_\_\_\_ Special seating or other physical accommodations

\_\_\_\_\_ Reader

\_\_\_\_\_ Large print exam

\_\_\_\_\_ Extended testing time (time and a half)

\_\_\_\_\_ Distraction-free room

\_\_\_\_\_ Other special accommodations (please specify)

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete page 1 and 2 of this form and return to:  
BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105  
at least 60 days prior to the exam date.**

# DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that your board is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_ in my  
Exam Candidate Date

capacity as a \_\_\_\_\_.  
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed below:

Description of Disability:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

(if applicable)

**Complete page 1 and 2 of this form and return to:  
BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105  
at least 60 days prior to the exam date.**