



CERTIFICATION/LICENSURE RENEWAL APPLICATION

Attached please find an application for certification/licensure renewal. Please complete and submit the application in its entirety. **The application and payment must be received in the BAPP Administrative Office (or postmarked) by the last day of the practitioner’s birth month.** In order to insure all information is received, the BAPP recommends you submit your renewal application and fee prior to this deadline.

Continuing Professional Training: The Continuing Professional Training compliance period is for two years beginning with the practitioner’s birth month following certification or licensure; and, ending on the last day of the practitioner’s birth month. Hours earned during one compliance period may not be carried over to the next. A practitioner renewing CAC, LAC, or CPS must obtain at least forty (40) contact hours of Board approved Continuing Professional Training. (Dually credentialed practitioners must obtain at least sixty (60) hours; and, retired practitioners must complete 20 hours if renewing CAC, LAC or CPS, or 30 hours if dually credentialed.)

Practitioners need to submit the ‘Continuing Education/Training Report’ form (last page of the renewal application) documenting the required continuing professional training hours obtained during the 2-year reporting cycle. If selected for an audit, practitioners must submit certificates of attendance / verification of the hours.

Audit Process: The burden of proof to demonstrate adequate Continuing Professional Training lies with the practitioner. It is the practitioner’s responsibility to maintain accurate records and provide them to the Board, if audited. Audits will be conducted in the following manner:

- a. The Board will notify each practitioner who has been randomly selected for an audit.
- b. The Board will ask the practitioner to submit a copy of the Continuing Professional Training documentation for each training activity attended. To show compliance with the Continuing Professional Training requirements, each practitioner must obtain proof of attendance and completion from the sponsoring organization for each course or training activity attended. Documentation must be signed by a representative of the institution or organization presenting the course or activity.
- c. The BAPP staff will review the documentation and verify the practitioner’s ‘Continuing Education/Training Report’ form with the supporting documentation.
- d. If there is a discrepancy, the Board office will seek further information from the practitioner.
- e. False documentation will be cause for a referral to the Board of Directors.
- f. Failure of a practitioner to comply with the Continuing Professional Training audit may result in the lapse of certification or licensure.

Applicants shall be denied status 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 recognition, certification, licensure, renewal, status upgrade, or reciprocity 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.

SEND COMPLETED APPLICATION AND RENEWAL FEE TO:
3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Certification/Licensure Renewal Application

A Check or Money Order Must Accompany This Renewal Application

Check One	Certification	Renewal Fee
	Certified Chemical Dependency Counselor Level I (CCDC I)	\$175.00
	Certified Addiction Counselor (CAC)	\$175.00
	Licensed Addiction Counselor (LAC)	\$200.00
	Certified Prevention Specialist (CPS)	\$175.00
	Dual Credentialed (CAC & CPS)	\$262.50
	Dual Credentialed (LAC & CPS)	\$287.50

Note: Practitioners on retirement status pay half of the required renewal fee.

PERSONAL DATA:

Name: _____
 First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____ Work Email: _____

Work Phone: _____ Work Fax: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Name of Clinical Supervisor: _____

INDEPENDENT PRACTICE:

If practicing as a private independent addiction counselor, please check this box and list your

start date: _____

BAPP must have on file your 'Work Experience Verification for Independent Practice' form verifying two years (or 4,000 hours) of full-time, qualifying supervised work experience in the field, accrued after initial certification or licensure. The form can be downloaded from the BAPP website. If not on file, policy will prohibit the BAPP from processing your renewal. *(The form is not needed for people engaged in independent practice prior to April 1, 2014.)*

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 breaches 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 Professional

Date

Authorization and Release of Information

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). 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. This includes any crimes of offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, 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, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' form is included with this application.*)

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 certificate or 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 certificate/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 status, and may result in administrative, civil, or criminal legal action.

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

Printed Name: _____

Signature of Professional

Date

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.

Since the date of your last renewal and issuance of your Identification Card, have you been convicted of a felony: 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 Professional _____ Date _____

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

BAPP CONTINUING EDUCATION/TRAINING REPORT FORM
 (Use this form to submit Continuing Professional Training Contact Hours)
 (Duplicate page as needed)

Name (please print): _____

See below for the number of continuing education/training hours required. These hours are submitted to the Board in your birth month of even-numbered years. Only include hours approved by the BAPP.
 If you need clarification, please contact the BAPP Administrative Office.

Check One	Certification / Licensure	Continuing Education Hours Needed
	Certified Chemical Dependency Counselor Level I (CCDC I)	40 hours every two years
	Certified Prevention Specialist (CPS)	40 hours every two years
	Certified Addiction Counselor (CAC)	40 hours every two years
	Licensed Addiction Counselor (LAC)	40 hours every two years
	Dual Credentialed	60 hours every two years
	Retirement Status	Half of the required hours

**For trainings lasting more than one day, be sure to list the start and ending dates, including month/days/year.*

*Date(s) of Training Activity (or Course)	Title of Training Activity (or course)	Sponsor of Training Activity (or College Name) (not BAPP)	Contact Hours Earned
Note: Practitioners who facilitate teaching or training activities may not receive credit for more than 15 hours of teaching/training time if singly credentialed (or 20 hours if dually credentialed).			TOTAL HOURS

Please complete this form in its entirety. Make sure all information supplied is accurate and legible. If selected for an audit, you will be asked to submit certificates of attendance / verification of the above hours.

THIS FORM MUST ACCOMPANY YOUR RENEWAL APPLICATION AND PAYMENT

I hereby certify that the information above is correct and true. Failure to provide accurate information may result in the Board refusing to renew your certification/license.

 Signature

 Date