

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
**SOUTH DAKOTA BOARD OF ADDICTION AND
PREVENTION PROFESSIONALS**

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Email: bapp@midwestsolutionsd.com
Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

APPLICATION FOR ADDICTION COUNSELOR TRAINEE RECOGNITION

Please submit:

- 1) Completed application;
- 2) Verification of high school, general education diploma **OR** post-secondary institution transcripts;
- 3) \$50 Application fee;
- 4) \$100 Addiction Counselor Trainee Recognition fee.

CHECK ONE:

	Initial Trainee Recognition - for applicants who have never applied for trainee recognition or held status with the BAPP before.
	Reapplication for Trainee Recognition - for applicants whose trainee status previously lapsed, but who is still within their 5-year trainee recognition period.

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

ADDICTION COUNSELOR TRAINEE INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security Number: _____

Phone: _____

Email: _____

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

Agency Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Agency Phone: _____

Supervisor's Name: _____ Credentials: _____

EDUCATIONAL AND ACADEMIC DATA

Addiction Counselor Trainee recognition is available to persons with a minimum of a high school/ general education diploma (GED) OR post-secondary institution who are working in the addictions field. **Please mark one:**

High School or General Education Diploma issued by: _____ Date: _____
Diploma or transcripts must be included with application.

Post-secondary institution attended: _____ Date: _____
Unofficial or official transcripts must be sent to the Board or included with application.

If Post-secondary marked above, complete College/University information below:

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

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 national examination before their 5-year recognition period ends.

Acknowledge and initial you have read and agree with the following statement:

_____ I understand that I must complete all academic and work experience requirements for either certification or licensure and successfully pass the national examination within five years of my original Addiction Counselor Trainee certification.

The burden of proof for all requirements rests with the applicant. The academic and work experience qualifications can be found in SDCL 36-34 and ARSD 20:80.

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 or 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.

PROFESSIONAL CODE OF ETHICS

(The NAADAC/NCC AP Code of Ethics can be viewed and/or printed at:

https://dss.sd.gov/docs/licensing/bapp/NAADAC_NCC_AP_Code_of_Ethics.pdf)

The 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 Code of Ethics will set the basis for the reception 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 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.

Clinical Supervisor Code of Ethics

The Clinical Supervisor must complete and sign this page.

(The NAADAC/NCC AP Code of Ethics can be viewed and/or printed at:

https://dss.sd.gov/docs/licensing/bapp/NAADAC_NCC_AP_Code_of_Ethics.pdf)

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 NAADAC/NCC AP Code of Ethics. Clinical Supervisors have a responsibility 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 policy. 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.

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

Supervisor's Name _____ Credential: CAC ____ LAC ____

Supervisor's Job Title _____

Agency Name: _____

Signature of Supervisor

Date

LEGAL QUESTIONS

If you answer yes to any question below, please provide a separate written explanation.

___ YES ___ NO Have you ever been convicted, pled no contest/nolo contendere, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

___ YES ___ NO Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 traffic offense?

___ YES ___ NO Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state?

___ YES ___ NO Are you \$1,000 or more behind in child support payments?

MILITARY STATUS

___ YES ___ NO Are you a member or the spouse of a member of the armed forces of the United States?

If Yes, were you or your spouse the subject of a military transfer to South Dakota? ___ Yes ___ No

If Yes, did you leave employment to accompany your spouse to South Dakota? ___ Yes ___ No

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? ___ Female ___ Male

What is your race? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Decline to Provide |

RECOGNITION FEE Please include a personal check, cashier's check, certified check or money order made payable to BAPP for the following fees:

\$100.00 Addiction Counselor Trainee Recognition Fee

\$50.00 Application Fee

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A TRAINEE RECOGNITION STATUS, CERTIFICATION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING THE LICENSE APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Applicant Signature

Date

Mail completed application and prorated recognition fee to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

For Office Use Only:

ACT Recognition Fee	Check number _____	Amount _____	Date _____
ACT Application Fee	Check number _____	Amount _____	Date _____