

**BAPP COURSE REVIEW FORM  
LICENSED ADDICTION COUNSELOR (LAC)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

Please return this form(s); a copy of each syllabus; and your transcripts (*unofficial transcripts are acceptable for course review*).

Send all information to: BAPP, PO Box 340 Pierre, SD 57501

Course Requirements	Name of College or University	Prefix – Course Number	Name of Course	Sem. Hrs.	Grade	Term Taken	BAPP Comments	Board Approval Yes / No
Addiction Counseling Theories & Techniques								
Psychopharmacology OR Psychopathology								
Legal, Ethical & Professional Standards								
Case Management & Assessment of Co-Occurring Disorders								
Treatment Planning								
Clinical Supervision								
Multicultural Competency								

BAPP Reviewer: \_\_\_\_\_

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