

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](mailto:bapp@midwestsolutionsd.com)  
Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**APPLICATION FOR STATUS UPGRADE TO LICENSED ADDICTION  
COUNSELOR (LAC)**

*This is an application for status upgrade to Licensed Addiction Counselor (LAC) in South Dakota.*

**Please submit:**

- 1) Completed application;
- 2) Attachment A completed and submitted directly to the Board by your Supervisor;
- 3) Proof of graduation (i.e. transcripts) from an accredited Institution submitted directly to the Board;
- 4) Attachment 2 Specialized Education Documentation, if applicable;
- 5) Verification of any name change (i.e. marriage/divorce), if applicable;
- 6) Verification of Work experience
- 7) Attachment B—Tracking Forms
- 8) Quality color photograph of applicant; and
- 9) Non-refundable \$150 Application fee

**APPLICANT INFORMATION**

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Certified Addiction Counselor (CAC) number: \_\_\_\_\_ CAC Status ends: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**SUPERVISED EXPERIENCE**

Please provide the name of each Supervisor for your work experience.

Name of Supervisor: \_\_\_\_\_ License Type: \_\_\_ LAC or \_\_\_ CAC

Name of Supervisor: \_\_\_\_\_ License Type: \_\_\_ LAC or \_\_\_ CAC

**Attachment A** submitted to Board: \_\_\_ Yes \_\_\_ No Attachment A must be completed and submitted directly to the Board by your Supervisor(s) to document your required supervision.

**REQUIRED EDUCATION**

Name of Post Graduate Institution: \_\_\_\_\_

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

Date of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

*Please request your school send an official copy of your transcripts directly to the South Dakota Board of Addiction and Prevention Professionals at PO Box 340, Pierre, SD 57501 or electronically to [bapp@midwestsolutionssd.com](mailto:bapp@midwestsolutionssd.com). Transcripts must be received directly from the school to be valid.*  
Date requested: \_\_\_\_\_

For specialized Education Documentation, see page 5.

**OTHER LICENSES**

Do you currently hold a valid license to practice addictions counseling in another state? \_\_\_ YES \_\_\_ NO  
If yes, which state(s)? \_\_\_\_\_

*If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Addiction and Prevention Professionals at PO Box 340, Pierre, SD 57501 or electronically to [bapp@midwestsolutionssd.com](mailto:bapp@midwestsolutionssd.com).*  
Date requested: \_\_\_\_\_

**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

**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?

\_\_\_ YES \_\_\_ NO    Have you previously made application for certification or licensure to this Board?

**APPLICATION FEE** Please include a personal check, cashier’s check, certified check or money order made payable to the State of South Dakota for the applicable amount.

\$150 Application Fee for Status Upgrade

**To be signed in the presence of a Notary Public**

*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 PLAN OF SUPERVISION 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

State of \_\_\_\_\_ )  
  ) SS

County of \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the above applicant, \_\_\_\_\_, personally appeared, known to me or satisfactorily proven to be the same person whose name s subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness where of, I have here unto set my hand and official seal.

(SEAL)

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

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

My Commission Expires: \_\_\_\_\_

**Attach Photo Here**

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

**Mail completed application and fees to:**

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

*For Office Use Only:*

*License Fee*      *Check number* \_\_\_\_\_ *Amount* \_\_\_\_\_ *Date* \_\_\_\_\_

**ATTACHMENT 2 EDUCATIONAL AND ACADEMIC REQUIREMENTS FOR UPGRADE  
LICENSED ADDICTION COUNSELOR**

**SPECIALIZED EDUCATION DOCUMENTATION:**

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a “C” grade or higher. A minimum of five courses must be at the graduate level. Courses must be evidenced by an official transcript.

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