

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 TESTING: CERTIFIED ADDICTION COUNSELOR
(CAC)

This is an application for testing: Certified Addiction Counselor (CAC) in South Dakota. Passage of a national exam is required prior to certification.

Please submit:

- 1) Completed application;
- 2) Attachment A completed and submitted directly to the Board by your ACT 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 \$250 Application & Testing fee.

APPLICANT INFORMATION

Name: _____

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

Date of Birth: _____ Social Security Number: _____

E-mail: _____ Phone: _____

Current Addiction Counselor Trainee (ACT) number: _____ 5-year ACT 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 ACT Supervisor(s) to document your required supervision.

REQUIRED EDUCATION

Name of High School/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@midwestsolutionsssd.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@midwestsolutionsssd.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?

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
CERTIFIED 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
Introduction to the study of alcohol use and abuse						
Introduction to the study of drug use and abuse						
Alcohol and drug group counseling						
Ethics for the alcohol and drug professional						
Foundations of individual counseling						
Alcohol and drug treatment continuum						
Counseling families with alcohol or other drug issues						
Diverse populations						
Alcohol and drug specific elective						