

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 CERTIFIED PREVENTION SPECIALIST (CPS)**

*This is an application for testing: Certified Prevention Specialist (CPS) 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 PST 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 Prevention Specialist Trainee (PST) number: \_\_\_\_\_ 5-year PST 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: \_\_\_ CPS \_\_\_ LAC \_\_\_ CAC

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

**Attachment A** submitted to Board:  Yes  No Attachment A must be completed and submitted directly to the Board by your PST 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@midwestsolutionsd.com](mailto:bapp@midwestsolutionsd.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@midwestsolutionsd.com](mailto:bapp@midwestsolutionsd.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?



**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 Prevention Specialist**

**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						
Foundations of alcohol and other drug prevention or workshop equivalent as approved by the board						
Theory and practice of alcohol and drug prevention						
Ethics for the alcohol and drug professional including six contact hours of ethics to prevention						