

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: LICENSED ADDICTION COUNSELOR
(LAC)

This is an application for testing: Licensed Addiction Counselor (LAC) in South Dakota. Passage of a national exam is required prior to licensure.

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) Nonrefundable \$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 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. 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.
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 & TESTING 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.

\$250 Application & Testing fee for either the IC&RC ADC (Alcohol & Drug Exam) or the AADC (Advanced Alcohol & Drug Exam)

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 is 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
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 OR						
Psychopathology						
Legal, Ethical & Professional Standards						
Case Management & Assessment of Co-Occurring Disorders						
Treatment Planning						
Clinical Supervision						
Multicultural Competency						