

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES  
**SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION  
PROFESSIONALS**

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Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**APPLICATION FOR RETESTING**

*This is an application for retesting in South Dakota. Three attempts are permitted to retest.*

**Please submit:**

1. Completed application;
2. Non-refundable \$200.00 Application & Retesting fee.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Trainee Number: \_\_\_\_\_

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

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

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**RETESTING INFORMATION**

Exam Type: \_\_\_\_\_ ADC \_\_\_\_\_ AADC \_\_\_\_\_ PS

Date of Attempt #1: \_\_\_\_\_

Date of Attempt #2: \_\_\_\_\_

*An applicant who does not successfully pass the examination after the third attempt must apply for trainee status and meet the current educational standards, and supervision and work requirements for the license or certificate at the time of reapplication.*

**RETESTING 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.

\$200 Retesting fee

*For Office Use Only:*

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