

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 TRAINEE RECOGNITION ADDICTION COUNSELOR OR PREVENTION SPECIALIST

Please submit:

- 1) Completed application;
- 2) Verification of high school/general education diploma **OR** post-secondary institution transcripts;
- 3) **Attachment 1** completed and submitted to the Board by the proposed supervisor;
- 4) Verification of any name change (i.e., marriage/divorce);
- 5) Verification of other licenses;
- 6) Quality color photograph of applicant;
- 7) Non-refundable \$50 application fee; and
- 8) \$100 trainee recognition fee.

Reapplication - Please check this box if you have previously been an Addiction Counselor Trainee (ACT) with the Board.

APPLICANT INFORMATION

Name: _____

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

Date of Birth: _____ Social Security Number: _____

Phone: _____ Email: _____

Agency Name: _____ Agency Phone: _____

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

SUPERVISOR INFORMATION *Trainees are not permitted to establish their own independent practice.*

Agency Name: _____

Agency Address: _____ City: _____ Zip: _____

Supervisor Name: _____ SD License/Certificate Number: _____

License Type: CAC LAC CPS Agency DSS Accredited: ___ Yes ___ No

Attachment 1 Completed: ___ Yes ___ No Attachment 1 must be completed and submitted directly to the Board by the proposed supervisor.

EDUCATION

Trainee recognition is available to persons with a minimum of a high school/ general education diploma (GED) OR post-secondary institution who are working in the addictions field. Unofficial or official transcripts must be sent to the Board or included with the application.

Please select one:

High School or General Education Diploma

Issued by: _____ Date: _____

Post-secondary degree

***If post-secondary is selected, please provide information:**

Name of Institution	City, State	Degree earned/pursuing	Confer date	Major/Course of Study

Trainee recognition may be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for either Certified Addiction Counselor (CAC), Licensed Addiction Counselor (LAC), or Certified Prevention Specialist (CPS) and successfully pass the national examination for certification or licensure before their 5-year trainee recognition period ends. The burden of proof for all requirements rests with the applicant. The academic and work experience qualifications can be found in SDCL 36-34 and ARSD 20:80.

By checking this box, I hereby attest that I have read and agree with the following statement: I understand that I must complete all academic and work experience requirements for either certification or licensure and successfully pass the national examination within five years of my original Trainee certification. Failure to do so results in work experience hours being nullified.

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 questions 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 trainee recognition, certification, or licensure to this Board?

OTHER LICENSES

___ YES ___ NO Do you currently hold a valid license to practice addiction counseling in another state?

State: _____ Date issued: _____

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.

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? Female Male

What is your race? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Decline to Provide |

APPLICATION AND RECOGNITION FEES 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.

\$50 non-refundable application fee

\$100 Trainee recognition fee

CODE OF ETHICS

The South Dakota Board of Addiction and Prevention Professionals recognizes the NAADAC/NCC AP Code of Ethics. The Code of Ethics is available on the Board's website, or you may request a copy from the Board's office. You are required to abide by this Code of Ethics. You are subject to discipline, up to revocation of your trainee status, for violation of the Code of Ethics.

By checking this box, I hereby attest that I have read and will comply with the NAADAC/NCC AP Code of Ethics as adopted by the South Dakota Board of Addiction and Prevention Professionals.

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 TRAINEE RECOGNITION STATUS, CERTIFICATION 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 (SDCL 36-34) AND ADMINISTRATIVE RULES (ARSD 20:80) REGULATING THE LICENSE OR CERTIFICATION APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Applicant Signature

Date

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: Check # _____ Amount _____ Date _____