

Work Experience Verification for Independent Practice

Section 1: Practitioner

'Independent practice of addiction counseling' means a person who is a Licensed Addiction Counselor (LAC), as recognized by the South Dakota Board of Addiction and Prevention Professionals (BAPP), who has established their own business entity and provides, for compensation, counseling-related services to an individual, group, organization, corporation, institution, or the general public.

In order for a practitioner to qualify as a private independent addiction counselor, he/she must:

- hold an active Licensed Addiction Counselor (LAC) credential with the BAPP; and,
- have completed a minimum of two years full-time or 4,000 hours of qualifying supervised work experience in the field of addiction counseling. **The work experience must be accrued after initial certification or licensure.**

All experience must be verified. Make a copy of this form for each agency where you completed qualifying supervised work experience. Complete Section #1 and submit this form to each agency that is verifying your supervised work experience hours.

Practitioner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hone Phone: _____ Work Phone: _____

Initial Certification or Licensure Date: _____

Clinical Supervisor's Name: _____ CAC ___ LAC ___

PRACTITIONER - STOP HERE

Section 2: Agency

THIS SECTION MUST BE COMPLETED BY THE AGENCY

The practitioner listed above is completing the application process to become a private independent addiction counselor. Please verify the qualifying supervised work experience for this person and return this form directly to the Board of Addiction and Prevention Professionals (BAPP).

Printed Name of person completing this section: _____

Your job title / Credential: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Agency Phone: _____

Work Experience Verification for Independent Practice (Continued)

This practitioner was involved in direct service with clients who have a diagnosis of alcohol or other drug abuse or dependence:

Yes ___ No ___

This experience included both direct and indirect activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions:

Yes ___ No ___

This practitioner was supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) whose name is listed in Section #1:

Yes ___ No ___

Note: Supervision must include a minimum of eight contact hours each month, with a minimum of one hour of supervision for every ten hours of client contact. **The work experience must be accrued after initial certification or licensure. Work experience under trainee recognition status does not qualify.**

Practitioner's total years (or hours) of qualifying supervised work experience (not including trainee recognition status):

Years: _____ - OR - Hours: _____

Practitioner's Dates of Employment – From: _____ To: _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

Practitioner's Job Title: _____

A hereby certify that the information above is correct and true.

Signature of Person Completing this Section

Date

Please Return this form to:

Board of Addiction and Prevention Professionals (BAPP)
PO Box 340
Pierre, SD 57501

CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT