

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

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501  
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<https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**INACTIVE STATUS APPLICATION**

*This is an application to inactivate your addictions counseling license or certificate.*

Select license/certificate to inactivate:

- Inactivate Certified Addiction Counselor (CAC)
- Inactivate Certified Prevention Specialist (CPS)
- Inactivate Licensed Addiction Counselor (LAC)

**Please submit:**

1. Completed application; and
2. Non-refundable \$50 inactive license or certificate fee.

Name: \_\_\_\_\_ License/Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**A practitioner on inactive status may not practice.** An inactive license or certificate will expire four years after date of issuance. An inactive license or certificate may be reactivated within the four-year period by payment of the renewal fee and proof of having completed the required continuing education during the preceding two-year period.

*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 CERTIFICATION/LICENSURE 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 PROFESSIONAL ADDICTIONS COUNSELING AND PREVENTION SERVICES AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*For Office Use Only:*  
Inactive Fee      Check number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_