

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@midwestsolutionssd.com](mailto:bapp@midwestsolutionssd.com)  
Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**APPLICATION TO REACTIVATE LICENSE**

*This is an application to reactivate an inactive certificate or license.*

<b><u>Select license/certificate to reactivate:</u></b>	<b><u>Fees:</u></b>
<input type="checkbox"/> Reactivate Certified Addiction Counselor (CAC)	\$350
<input type="checkbox"/> Reactivate Certified Prevention Specialist (CPS)	\$350
<input type="checkbox"/> Reactivate Licensed Addiction Counselor (LAC)	\$400

Name: \_\_\_\_\_ Previous License Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

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

**LEGAL QUESTIONS**

***(If you answer yes to any question below and have not previously disclosed to the Board the details of the incident, 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 licensure to this Board?

**CONTINUING EDUCATION VERIFICATION**

Please list forty hours of continuing education from the previous two years in the spaces below. You must include verification of completion of the required four hours of ethics continuing education.

Date	Type (Ethics or General)	Title of Course	Course Sponsor	Course Number	Hours
<i>Example</i> 1/1/23	<i>Example</i> Ethics	<i>Example</i> Ethics for Addiction Counselors	<i>Example</i> SD DSS	<i>Example</i> BCE-2023-001	<i>Example</i> 4

**OTHER LICENSES**

Do you currently hold a valid license to practice 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](mailto:bapp@midwestsolutionsd.com).  
Date requested: \_\_\_\_\_***

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 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

<p><i>For Board Use Only:</i>  Renewal Fee    Check number _____    Amount _____    Date _____</p>
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