

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

2022 CERTIFICATION/LICENSURE RENEWAL APPLICATION

Please submit the following:

1. Completed 6-page application, including continuing professional training section;
2. A copy of verification of any name change (marriage license, divorce decree, etc.), if applicable; and
3. Required renewal fee.

A renewal fee is required with this application. Your application will not be processed until the required fee is received. Your renewal application and fee must be received by the last day of your birth month or you may be subject to a \$150 late fee.

Check One	Certification	Renewal Fee	Continuing Professional Training Hours Needed* (pg 5)
	Certified Chemical Dependency Counselor Level I (CCDC I)	\$175.00	40 hours
	Certified Addiction Counselor (CAC)	\$175.00	40 hours
	Licensed Addiction Counselor (LAC)	\$200.00	40 hours
	Certified Prevention Specialist (CPS)	\$175.00	40 hours
	Dual Credentialed (CAC & CPS)	\$262.50	60 hours
	Dual Credentialed (LAC & CPS)	\$287.50	60 hours

APPLICANT DATA

Name: _____

Home Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

CURRENT EMPLOYMENT

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Do you prefer to receive mail from the Board at your: _____ Home _____ Employment

INDEPENDENT PRACTICE

“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, 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.

___ Yes ___ No Are you currently practicing as a private independent licensed addiction counselor?

BAPP must have on file your ‘Work Experience Verification for Independent Practice’ form verifying two years (or 4,000 hours) of full-time, qualifying supervised work experience in the field, accrued after initial certification or licensure. The form can be downloaded from the BAPP website. If not on file, policy will prohibit the BAPP from processing your renewal. (The form is not needed for people engaged in independent practice prior to April 1, 2014.)

LEGAL QUESTIONS (If you answer yes to any question 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?

OTHER LICENSES

___ Yes ___ No Do you currently hold a valid license to practice addictions counseling in another state?

If yes, which state(s)? _____

Have you previously disclosed this license to the Board? ___ Yes ___ No

If no, please attach a copy of the current license(s) with this application.

___ Yes ___ No Do you currently hold a valid license with another South Dakota licensing board (i.e. SD Board of Examiners for Counselors & Marriage and Family Therapists, Board of Social Work Examiners, Board of Psychologists?)

If yes, which licensing board? _____

License number _____

Professional Code of Ethics

The Code of Ethics and Standards of Practice can be viewed and/or printed at:

<https://dss.sd.gov/docs/licensing/bapp/standards-manual.pdf>

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification, licensure, or trainee recognition. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The Code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board.

The Code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practice, and behavior.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under your care. When there is evidence that another professional is violating an ethical standard, whether obvious or perceived, you have a responsibility to report the unethical conduct to the BAPP.

I understand and subscribe to the professional Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Signature of Professional

Date

AUTHORIZATION AND RELEASE OF INFORMATION

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). This information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal. This includes any crimes or offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' Form is included with this application.*)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional certificate or license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional certificate/license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny,

suspend, or revoke trainee recognition, certification, or licensure status, and may result in administrative, civil, or criminal legal action.

By checking this box, I hereby attest that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to certify that the information contained herein is correct and true, you will need to provide the Board with a written explanation.

CONTINUING PROFESSIONAL TRAINING REQUIREMENTS

BAPP CONTINUING EDUCATION/TRAINING REPORT FORM

*(Use this form to submit Continuing Professional Training Contact Hours)
(Duplicate page as needed)*

The South Dakota Board of Addiction and Prevention Professionals requires that each practitioner accumulate a certain number of hours of continuing professional training every two years. (ARSD 20:80:08:07) See page 1 for number of hours required.

For May renewals: Continuing education must be acquired between **June 1, 2020 and May 31, 2022**. Hours earned during this time period may not be carried over to the next renewal.

For June renewals: Continuing education must be acquired between **July 1, 2020 and June 30, 2022**. Hours earned during this time period may not be carried over to the next renewal.

A full list of pre-approved sponsors can be found on the Board’s website, Find Continuing Professional Training. Please list each continuing education program you are claiming in the spaces provide below. Your continuing education may be audited by the Board to verify compliance. (ARSD 20:80:08:10).

Name: _____

**For trainings lasting more than one day, be sure to list the start and ending dates, including month/days/year.*

*Date(s) of Training Activity (or Course)	Title of Training Activity (or course)	Sponsor of Training Activity (or College Name) (not BAPP)	Contact Hours Earned
Note: Practitioners who facilitate teaching or training activities may not receive credit for more than 15 hours of teaching/training time if singly credentialed (or 20 hours if dually credentialed).			TOTAL HOURS

Please complete this form in its entirety. Make sure all information supplied is accurate and legible. If selected for an audit, you will be asked to submit certificates of attendance / verification of the above hours.

THIS FORM MUST ACCOMPANY YOUR RENEWAL APPLICATION AND PAYMENT

RENEWAL 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.

Certified Chemical Dependency Counselor Level I (CCDC I)	\$175.00
Certified Addiction Counselor (CAC)	\$175.00
Licensed Addiction Counselor (LAC)	\$200.00
Certified Prevention Specialist (CPS)	\$175.00
Dual Credentialed (CAC & CPS)	\$262.50
Dual Credentialed (LAC & CPS)	\$287.50

ATTESTATION BY APPLICANT

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PRACTITIONER 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 FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A LICENSE OR CERTIFICATION 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

Mail completed application and renewal fee to:
SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

For Office Use Only: Check # _____ Amount _____ Date _____
Selected for Audit: Yes No