

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>

APPLICATION TO RENEW CERTIFICATION/LICENSURE

Please submit the following:

1. Completed application;
2. A copy of verification of any name change (marriage license, divorce decree, etc.), if applicable;
3. Required renewal fee.

Check One	Certification	Renewal Fee
<input type="checkbox"/>	Certified Prevention Specialist (CPS)	\$350
<input type="checkbox"/>	Certified Addiction Counselor (CAC)	\$350
<input type="checkbox"/>	Licensed Addiction Counselor (LAC)	\$400
<input type="checkbox"/>	Dual Credential (CAC/CPS or LAC/CPS)	\$400

APPLICANT INFORMATION

Name: _____

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

Phone: _____ Email: _____

License or Certificate Number: _____

CURRENT EMPLOYMENT INFORMATION

Agency Name: _____

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

Phone: _____ Email: _____

Please select which address you prefer to receive correspondence from the Board.

Home Agency

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.

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.)

___Yes ___No Are you currently practicing as a private independent licensed addiction counselor?

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)? _____

___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 NAADAC/NCC AP Code of Ethics can be viewed and/or printed at:

https://dss.sd.gov/docs/licensing/bapp/NAADAC_NCC_AP_Code_of_Ethics.pdf).

The 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 Code will set the basis for the reception and processing of those allegations related to breaches 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 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.

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 of 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.

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 Prevention Specialist (CPS)	\$350.00
Certified Addiction Counselor (CAC)	\$350.00
Licensed Addiction Counselor (LAC)	\$400.00
Dual Credentialed (CAC/CPS or LAC/CPS)	\$400.00

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

<i>For Office Use Only: Check # _____</i>	<i>Amount _____</i>	<i>Date _____</i>
<i>Selected for Audit: Yes No</i>		