

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 TRAINEE RECOGNITION

Trainees may complete the renewal application online at the Board's website. Please note that submitting a paper renewal application may cause a delay in the processing of your renewal.

Please select one:

Addiction Counselor Trainee (ACT) renewal

Prevention Specialist Trainee (PST) renewal

Please submit:

- 1) Completed renewal form;
- 2) \$100.00 Trainee renewal fee.

TRAINEE INFORMATION

Name: _____

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

Phone: _____ Email: _____

Trainee Certificate Number: _____

SUPERVISOR INFORMATION *Trainees are not permitted to establish their own independent practice.*

Agency Name: _____

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

Supervisor Name: _____ SD License/Certificate Number: _____

License Type: CAC LAC CPS

CODE OF ETHICS

The South Dakota Board of Addiction and Prevention Professionals recognizes the NAADAC/NCC AP Code of Ethics. The Code of Ethics is available on the Board's website, or you may request a copy from the Board's office.

By checking this box, I hereby attest that I have read and will comply with the NAADAC/NCC AP Code of Ethics, adopted by the South Dakota Board of Addiction and Prevention Professionals.

For Office Use Only: Check # _____ Amount _____ Date _____

ACKNOWLEDGEMENT OF ACADEMIC AND WORK EXPERIENCE REQUIREMENTS

Trainee recognition will be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for either Certified Addiction Counselor (CAC), Certified Prevention Specialist (CPS) or Licensed Addiction Counselor (LAC) and successfully pass the national examination for certification or licensure before their 5-year trainee recognition period ends. The burden of proof for all requirements rests with the applicant. The academic and work experience qualifications can be found in SDCL 36-34 and ARSD 20:80.

By checking this box, I hereby attest that I have read and agree with the following statement: I understand that I must complete all academic and work experience requirements for either certification or licensure and successfully pass the national examination within five years of my original Trainee certification.

LEGAL QUESTIONS

If you answer yes to any question below, please provide a separate written explanation.

****Since the date of your last renewal or issuance of your trainee recognition certificate:**

___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?

RENEWAL APPLICATION FEE Please include a personal check, cashier’s check, certified check, or money order made payable to BAPP for the applicable amount:

\$100 Trainee Renewal fee

Mail completed application and renewal fee to:

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

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 TRAINEE RECOGNITION STATUS, CERTIFICATION OR 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 PROFESSIONAL ADDICTIONS COUNSELING AND PREVENTION SERVICES AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Applicant Signature

Date