

Notice: All NDBACE  
Files are subject to the  
North Dakota Open  
Records Law

Please Return to:  
NDBACE  
PO Box 975  
Bismarck, ND 58502

North Dakota Board of Addiction Counseling Examiners  
**APPLICATION FOR PRIVATE PRACTICE REGISTRATION**

**Registration fee: \$100.00 must be included.**

If application is not complete and/or fee  
not included, application will be returned.

NAME: \_\_\_\_\_ LAC# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Hm. PHONE: \_\_\_\_\_ Wk. PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**\*\*To be eligible for Private Practice Registration, you must have 5 years of full-time clinical experience as a licensed addiction counselor or a master's degree in a closely related social science or health care field with 2 years of post-master's clinical experience as a licensed addiction counselor.**

**CLINICAL EXPERIENCE: You must document five years of full-time clinical experience as a licensed addiction counselor.**

Dates of experience: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

Dates of experience: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

**(If you have additional experience, please list on separate sheet of paper.)**

**Continued on reverse**

**MASTERS DEGREE INFORMATION:** You must have the university send an official transcript showing your degree earned to the address above.

University: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Degree Earned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF PRIVATE PRACTICE (Describe programs/services):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date