

**North Dakota Board of Addiction Counseling Examiners**

PO Box 975

Bismarck, North Dakota 58502-4005

Phone: (701) 255-1439 Fax: (701) 224-9824

E-mail: [ndbace@aptnd.com](mailto:ndbace@aptnd.com)

Web: [www.ndbace.org](http://www.ndbace.org)

**Individual Licenseholder's Continuing Education**  
**Attendance Form**

**\*\*This form is to be used ONLY if the program provider did not issue a certificate of completion! \*\***

[All incomplete forms will be returned causing a delay of your licensure renewal.]

Participant's License Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address  
\_\_\_\_\_  
\_\_\_\_\_

Participant's E-mail: \_\_\_\_\_

Number of Contact Hours \_\_\_\_\_

Name of Program \_\_\_\_\_

Date(s) of Program \_\_\_\_\_

Location of Program City \_\_\_\_\_ State \_\_\_\_\_

Provider's Name \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

**I affirm the above continuing education contact hours have been successfully completed by the above named licensee.**

\_\_\_\_\_  
Signature of Work Supervisor/Program Provider

\_\_\_\_\_  
Date