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NDBACE  
PO Box 975  
Bismarck, ND 58502

**North Dakota Board of Addiction Counseling Examiners**  
Internship Registration Form

Name of Intern \_\_\_\_\_  
Last First Middle Initial

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Hm Address \_\_\_\_\_

City State Zip

Wk Address \_\_\_\_\_

City State Zip

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**An official transcript of all completed core courses must be received by the Board before  
internship status is approved.**

Academic Institution Degree Date Completed  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Addiction Training Site Beginning Date Completion Date  
(month/year) (month/year)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Internship Site Beginning Date Anticipated Completion  
(month/year) Date (month/year)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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Signature of Clinical Supervisor

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Date

**PRIOR TO STARTING CLINICAL INTERNSHIP/EMPLOYMENT, THIS FORM MUST BE COMPLETED AND  
RETURNED TO THE BOARD. INTERNSHIP STATUS APPROVAL BY THE BOARD MUST BE OBTAINED  
BEFORE THE BEGINNING OF THE INTERNSHIP.**