

V. EDUCATIONAL EXPERIENCE

Name and location of colleges or universities attended. Please indicate in reverse chronological order. The most recent should be listed first.

A. Name of School _____
Location of School _____
Field of Study _____
Year Graduated _____ Degree Earned _____

B. Name of School _____
Location of School _____
Field of Study _____
Year Graduated _____ Degree Earned _____

VI. LETTER OF REFERENCE

(If applying for licensure by reciprocity, you are not required to complete this section.)

Please provide the names of three people who are willing to provide written references for you. You must include the name of a previous or present addiction counseling clinical supervisor.

Reference 1. _____
Name

Address

Reference 2. _____
Name

Address

Reference 3. _____
Name

Address

VII. I have read and understand the NDBACE Code of Ethics and agree to adhere to the Code.

Yes _____ No _____

1. Have you ever been convicted of an offense other than minor traffic violations?

Yes _____ No _____

If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the court judgment.

2. Have you ever been diagnosed with chemical dependency or participated in chemical dependency treatment or rehabilitation?

Yes _____ No _____ **If yes, please attach a written explanation.**

3. Have you ever experienced any problems or issues that could impair your ability to practice addiction counseling?

Yes _____ No _____ **If yes, please attach a written explanation.**

4. Have you ever been sanctioned or disciplined by a state licensing or credentialing agency or professional organization?

Yes _____ No _____ **If yes, please attach a written explanation and a copy of the order, consent order, or settlement agreement.**

VIII. YOU MUST ANSWER THE FOLLOWING QUESTION:

Do you want your personal information* maintained by the NDBACE to be closed to the public, except for your home address which may be disclosed at the discretion of the NDBACE to continuing education providers and individuals performing research?

_____Yes _____No

*Personal information means a person's home address, home telephone number; photograph; medical information; motor vehicle operator's identification number; social security number; payroll deduction information; the name, address, phone number, date of birth, and social security number of any dependent or emergency contact; any credit, debit, or electronic fund transfer card number; and any account number at a bank or other financial institution.

IX. SIGNATURE I, being duly sworn, state that I am the person who is referred to in the foregoing application in the State of North Dakota, that the statements contained herein are strictly true in every respect and that I have read and understand this affidavit.

Signature _____

Date _____