

North Dakota Board of  
Addiction Counseling Examiners

# 2010-2011 RENEWAL OF LICENSURE

**NEW FEES: Licensure Renewal Fee: \$200 must be included.**

**Late Fee: \$100**

License Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle (Maiden)

Present Home Address \_\_\_\_\_  
Street City State Zip County

Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

## CURRENT EMPLOYMENT

Agency \_\_\_\_\_

Date Employment Began \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip County

Business Phone Number \_\_\_\_\_

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### **\*\*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 in 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.

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### **\*\*Registered Clinical Supervisor**

Do you wish to maintain your Clinical Supervision registration? Yes \_\_\_\_\_ No \_\_\_\_\_

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**SEE REVERSE SIDE!**

**YOU MUST ANSWER THE FOLLOWING QUESTIONS AND SIGN YOUR NAME!  
INCOMPLETE APPLICATIONS WILL BE RETURNED WHICH COULD RESULT IN THE LATE FEE!**

- I have read and understand the Code of Professional Conduct and agree to adhere to the Code. Yes \_\_\_\_\_ No \_\_\_\_\_
1. Have you ever been found in violation of the Code of Professional Conduct? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been convicted of a criminal act which affects your ability to practice your profession? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you, in the last 2 years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you, in the last 2 years, been diagnosed with or treated for a mental health or physical condition which has adversely affected your ability to practice addiction counseling? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been found to be grossly negligent in the practice of addiction counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to any of the questions, please attach a written explanation.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**\*\*\*Original and completed application, renewal fee, and continuing education verification (if applicable) must be postmarked on or before December 1, 2009.**

**If any of these items are postmarked after December 1, 2009, a \$100 late fee will be assessed!**

**Return renewal application and appropriate fee postmarked on or before December 1, 2009 to:**

**ND Board of Addiction Counseling Examiners**

**PO Box 975**

**Bismarck, ND 58502-0975**

**ndbace@aptnd.com**

**www.ndbace.org**

**Phone: 701-255-1439**

**Fax: 701-224-9824**