

North Dakota Board of
Addiction Counseling Examiners

2012-2013 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 _____

****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.

****Registered Clinical Supervisor**

The requirement is 10 hours of clinical supervision continuing education per 2-year cycle (2010-2011). The late fee does not apply to clinical supervision hours. The deadline to submit the 10 hours is December 31, 2011 or the registration will expire.

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

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!**

1. I have read and understand the Code of Professional Conduct and agree to adhere to the Code. Yes _____ No _____
2. Have you, in the last 2 years been convicted of an offense other than a minor traffic violation? Yes _____ No _____
If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the court judgment.
3. Have you in the last 2 years been diagnosed with chemical dependency or participated in chemical dependency treatment or rehabilitation? Yes _____ No _____
If yes, please attach a written explanation.
4. Have you, in the last 2 years experienced any problems or issues that could impair your ability to practice addiction counseling? Yes _____ No _____
If yes, please attach a written explanation.
5. Have you, in the last 2 years been sanctioned or disciplined by a state licensing or credentialing agency? Yes _____ No _____
If yes, please attach a written explanation and a copy of the order, consent order, or settlement agreement.

Signature _____

Date _____

*****Original and completed application, renewal fee, and continuing education verification (if applicable) must be postmarked on or before December 1, 2011.**

If any of these items are postmarked after December 1, 2011, a \$100 late fee will be assessed!

**The license will expire if the renewal process is not completed by December 31, 2011.
It is illegal to practice addiction counseling without a current license!**

Return renewal application and appropriate fee postmarked on or before December 1, 2011 to:

**ndbace@aptnd.com
www.ndbace.org**

**ND Board of Addiction Counseling Examiners
PO Box 975
Bismarck, ND 58502-0975**

**Phone: 701-255-1439
Fax: 701-224-9824**