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NDBACE  
PO Box 975  
Bismarck, ND 58502

North Dakota Board of Addiction Counseling Examiners  
**EXAMINATION APPLICATION**

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
\_\_\_\_\_

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

Email \_\_\_\_\_

Clinical Training Program completed (if applicable) \_\_\_\_\_

**EXAMINATION DATE:** Circle the examination date you are applying for:

**2010 Exam Dates**

March 12, 2010

June 11, 2010

September 10, 2010

December 10, 2010

**2010 Exam Application Deadlines**

February 1, 2010

May 1, 2010

July 31, 2010

October 30, 2010

**EXAMINATION FEE: \$110.00**

Personal check or money order made out to: NDBACE must accompany this form.

**ELIGIBILITY REQUIREMENT:** All academic coursework must be completed before you can take the examination. You must have your transcripts sent from the college or university directly to the NDBACE Office if you have not done so already.

**DO YOU NEED ADA ACCOMMODATIONS?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**\*\*If yes, please attach a written explanation or call the Board office at 701-255-1439.**

Applicant's Signature \_\_\_\_\_