

NOTICE:

All NDBACE files are subject to the North Dakota Open Records Law **RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners 1601 N 12th St Suite 609 Bismarck, ND 58501

Individual Training Plan Request Form

Individuals who are seeking LMAC licensure and related ND licensed mental health professionals (as specified in the 4.5-02.1-01-04) who are seeking to complete clinical training outside of a consortium, must complete this form and have board approval <u>prior</u> to starting clinical training. The form must be returned to the board office by the agency director where the trainee would like to complete clinical training. This application must accompany the following:

- o Completed LAC or LMAC Application
- Completed Transcript Review Form
- Official academic transcript (trainees may complete two academic courses while they are registered as clinical trainees)

Trainee Information

Last Name:	First Name:
Middle Name:	Maiden Name:
Home Address:	
Work Address:	
Home Phone:	Work Phone:
Email Address:	
Trainee's Academic Degree:	
Training Program/ Facility Information:	
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Facility Name:	
Address/Phone/Email:	
Clinical Supervisor/s:	
Supervisor's License:	
Note: LACs who are registered clinical supervisors are	e able to provide supervision until Dec. 31, 2023

Described in detail the addiction counseling	training the trainee will receive under the individualized training
	training the trainer will receive under the marviadanzed training
plan:	
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Number of hours of training to be completed	
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Proposed Start and end dates of training Number of hours of training to be completed Rationale for needing an individualized train	
Number of hours of training to be completed	