



*NORTH DAKOTA BOARD*  
 OF  
*ADDICTION COUNSELING EXAMINERS*

**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 12<sup>th</sup> 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 prior 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:**

- 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:**

Facility Name:

Address/Phone/Email: \_\_\_\_\_

Clinical Supervisor/s:

Supervisor's License: \_\_\_\_\_

*Note: LACs who are registered clinical supervisors are able to provide supervision until Dec. 31, 2023*

