

**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
board@ndbace.org

Internship Registration for **Out-of-State Applicants Form**

An individual may register as Intern in North Dakota if he or she is licensed in a different jurisdiction as an addiction counselor but fails to meet the licensure requirements of the state of North Dakota. The intern status allows applicants to complete missing requirements while being employed under Intern status. The Internship Registration form must be attached to your LAC or LMAC licensure application.

PRIOR TO STARTING CLINICAL INTERNSHIP/EMPLOYMENT, THIS FORM MUST BE COMPLETED AND RETURNED TO THE BOARD. INTERNSHIP STATUS APPROVAL BY THE BOARD MUST BE OBTAINED BEFORE THE BEGINNING OF THE INTERNSHIP/EMPLOYMENT.

Please indicate which of the below requirements best describes your situation and provide additional information, as required.

1. I possess an addiction counseling license or certification in good standing from another jurisdiction. I am accepted into an academic program offering a bachelor's, master's, or doctorate degree in addiction counseling or a closely related mental health field and am no more than 9 credits away from earning my degree or meeting the academic requirements of the state of North Dakota.

- a) *If #1, please clearly identify which 9 credits are not completed and submit a plan for completing missing coursework (e.g., name of university/program where classes will be taken, as well as the names of proposed classes).*
- b) *Please submit a completed LAC or LMAC Transcript Review Form*
- c) *Copy of your academic transcript/s*

2. I possess an addiction counseling license or certification in good standing from another jurisdiction. I meet all academic requirements for North Dakota licensure (as evidence by the attached transcript review). However, I have not completed the minimum number of clinical training hours required for ND licensure.

- a) *If yes to #2, please provide information about the following:*
 - ✓ *Number of clinical hours you have completed to date (provide evidence)*
 - ✓ *Number of hours you need to complete to be license eligible in ND*
 - ✓ *Agency where you intend to complete clinical training hours*
 - ✓ *Has the agency agreed to employ or train you and provide clinical supervision?*
 - ✓ *Name of your clinical supervisor, as well as their ND License and License #*
 - ✓ *Is the clinical supervisor a NDBACE Board registered clinical supervisor?*
 - ✓ *Anticipated start date/end date of clinical training*
 - ✓ *Clinical supervisor's statement and signature, agreeing to provide direct supervision and oversight of your work.*

3. I possess an addiction counseling license or certification in good standing from another jurisdiction. I meet all academic and clinical training requirements. However, I have not successfully completed the required licensing examination.

a. If yes to #3, please complete the *Exam Application* form.

4. If your situation is unique and does not follow the above criteria, please describe below:

Intern's Name: _____

License which the intern intend to seek in North Dakota (circle one): **LAC** **LMAC**

State in which you are licensed as an Addiction Counselor (please attach a copy of license): _____ Email

Home Phone

Work Phone

Home Address: _____

Work Address: _____