

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

Licensed Addiction Counselor (LAC) Transcript Review

This form should be completed by clinical trainees and initial licensure applicants.

| a) If yes, please identify the name of degree, name of university, and year the degree was awarded. se identify one or more undergraduate or graduate level classes completed that meet the following criteria: | | |
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| * | Group counseling. (3 credits) | |
| * | Psychopharmacology; must include overview of drugs of abuse. (3 credits) | |
| * | Dynamics of addiction or introduction to addiction studies that must include content in the history of addiction counseling and addiction treatment methods. (3 credits) | |
| * | Professional ethics; must include content specific to addiction counseling, NAADAC code of ethics, and 42 CFR Part 2. (3 credits) | |
| * | Family systems; must include content specific to family systems theories (3 credits) | |
| * | Lifespan development (3 credits) | |
| ** | Multicultural diversity (3 credits) | |

| * | Co-occurring disorder; must include content in the assessment and diagnosis of substance abuse disorder and an overview of a broad range of mental health disorders (3 credits) |
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| • | meet all of the academic requirements, as stated above? YES / NO please identify missing academic requirements and anticipated date of completion. |
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Signature & Date