



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

Licensed Clinical Addiction Counselor Grandfather Application

An individual who is a licensed addiction counselor may apply for licensure as a licensed clinical addiction counselor on or before January 1, 2024. The applicant must have met all academic requirements for licensure as an addiction counselor set forth in North Dakota Administrative Code title 4.5 on June 30, 2018.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		
<p>NORTH DAKOTA LICENSE INFORMATION</p> <ul style="list-style-type: none"> ● ND License Number: _____ ● Dates of original certification/licensure: _____ ● Are you currently a registered clinical supervisor: Ill yes Ill no <p style="padding-left: 40px;">If no, please provide evidence of having earned 1 semester credit in clinical supervision from a college or university approved by the Board</p>			

<p>SIGNATURE: I hereby affirm that I have completed the required 10,000 hours of clinical experience in conformance with NDCC §43-45-07.4(1)(c). If the North Dakota Board of Addiction Counseling Examiners concludes that I have not complied with the requirements set forth in NDCC §43-45-07.4(1)(c), I hereby agree to waive my right to an administrative hearing and appeal pursuant to NDCC ch. 28-32, and agree that the Board may issue an Order taking disciplinary action against my license.</p>	
Signature: _____	Date: _____

By signing this application, I attest that I have completed a minimum of 10,000 hours of supervised work experience as an addiction counselor. Further, I attest that the information on this application is accurate. If information is found to be inaccurate, I understand there may be disciplinary action taken by the NDBACE. A random audit may be performed by the NDBACE to verify accuracy.

Completed applications must also include your \$75 fee payment. This can be mailed to NDBACE by check or money order or paid online through the website: www.ndbace.org

 Signature

 Date:

DO NOT WRITE BELOW THIS LINE

The applicant has has not been granted LCAC status as of this date: _____

LCAC Number: _____

Payment Method: _____