



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 Master Addiction Counselor Grandfather Application

An individual who is a licensed addiction counselor may apply for licensure as a licensed master addiction counselor on or before January 1, 2024. An applicant must have earned either a master's degree or doctorate degree that met the academic requirements for licensure as an addiction counselor set forth in North Dakota Administrative Code title 4.5 on or before June 30, 2018.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		
Highest Degree Earned:			
College/University:			
Date Degree was Completed (please send official Master's Degree transcripts if not already submitted):			
<ul style="list-style-type: none"> ● ND License Number: _____ ● Dates of original certification/licensure: _____ ● Are you currently a registered clinical supervisor: yes no If no, please provide evidence of having earned 1 semester credit in clinical supervision from a college or university approved by the Board 			

By signing this application, I attest that I have completed a minimum of 2,000 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 LMAC status as of this date: _____

LMAC Number: _____

Payment Method: _____