



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 12th St Suite 609
 Bismarck, ND 58501
 board@ndbace.org

Approved Provider Application

Approved Provider status can be granted to agencies or organizations who wish to provide an unlimited number of continuing education sessions to licensed addiction counselors. Agencies who are granted Approved Provider status are therefore not required to submit Approved Program applications for each program they present. Continuing education must be related to the practice of addiction counseling, behavioral mental health, or best practice techniques. It must have the potential to increase the licensee’s proficiency in addiction counseling.

The below agencies are granted Approved Provider status and **do not** need to submit further applications: NAADAC, SAMHSA, NDACA, ATTC, ASAM, NIDA, and NDDHS Behavioral Health Division. A full list of approved providers for the current year may be found here: <http://www.ndbace.org/continuing-education.html>

Non-acceptable continuing education topics include (but are not limited to):

- Those contrary to the code of ethics (i.e., non-evidence based treatments)
- Marketing, business, personal enrichment, time management, technology enhancement, staff orientation, agency, or other meetings regarding procedural issues
- CPR classes
- Computer-related workshops

Completed applications must also include your \$250 approved provider fee payment by check or money order made payable to NDBACE.

Approved Provider Application
Continuing Education Contact Hours

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

Provider Name			
Address	City	State	Zip
Phone	Email		
Describe Qualifications			

I/we hereby apply for approved provider status for continuing education. I/we hereby attest that I/we have received a copy of the guidelines and criteria regarding continuing education and agree to present programs that meet the North Dakota Board of Addiction Counseling Examiner's criteria governing continuing education for addiction counselors. I/we agree to ensure that all programs offered by this agency contain a course outline, learning objectives, and an evaluation of learning outcomes of participants, and to provide these documents to the board, upon request. I/we agree to create a system for monitoring participants' attendance at continuing education sessions which continuing education credit is being awarded. I/we agree to provide a certificate of completion to participants and understand that a failure to do so many result in removal of provider status. I/we understand that I/we must renew the Approved Provider status annually.

Administrator

Continuing Education Coordinator

Date:

DO NOT WRITE BELOW THIS LINE

has has not been granted an "Approved Provider" status for continuing education by the North Dakota Board of Addiction Counseling Examiners, effective to _____

Provider number: _____

Payment: _____

Continuing Education Monitor