



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.

1. Do you possess a bachelor's, master's, or doctorate degree in addiction studies or a closely related mental health care field?

a) If yes, please identify the name of degree, name of university, and year the degree was awarded.

b) If you currently hold a professional license, indicate license type, state issued and license number.

2. Using Course ID and Course Name, please identify one or more completed undergraduate or graduate level courses that meet the following criteria:

COURSE ID

EX. COUN 500

COURSE NAME

Professional Ethics

❖ Theories and techniques of counseling that must include content in theories specific to addiction counseling, counseling techniques specific to addiction counseling, and ASAM criteria. **(3 credits)**

❖ 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)**

COURSE ID
EX. COUN 500

COURSE NAME
EX. Professional Ethics

- ❖ 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 disorders and an overview of a broad range of mental health disorders (**3 credits**)

3. Do you meet all of the academic requirements, as stated above? YES / NO

a) If no, please identify missing academic requirements and anticipated date of completion.

Signature & Date

Applicant Name: _____