NDBACE
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
P. O. Box 1053
Bismarck, ND 58502
board@ndbace.org

## Clinical Trainee Registration form

**Prior to starting clinical training, you must complete this form and return it to the board office, along with a copy of the trainee's transcript(s) showing completion of the required academic coursework. Trainees may complete two academic courses while they are registered as clinical trainees. Please attach a completed LAC or LMAC Transcript Review Form to this application.**

### Trainee Information

Last Name:_____ First Name:_____

Middle Name:_____ Maiden Name:_____

Home Address:_____

Work Address: _____

Home Phone:_____ Work Phone:_____

Email Address:_____

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The above named Trainee has been accepted into the _____ program.

Anticipated start and end dates for the training _____ .

Name/s and license/s of Clinical Supervisor/s:

_____

_____

_____

*Note: LACs who are Registered Clinical Supervisors are able to provide supervision until Dec 31, 2023*

**PLAN FOR COMPLETING CLINICAL TRAINING:**

Number of hours required:

- 350 hrs (If ND licensed LP, MD, LMFT, LPCC, LICSW, or advanced Clinical Practice Nurse)
- 700 hrs
- 960 hrs

**WHERE WILL TRAINING TAKE PLACE?**

- NDBACE approved consortium
- ND agency (through an individualized NDBACE approved training plan)

*Note: Bachelor's level (LAC) applicants may only complete their training through a NDBACE approved consortium. Master's level (LMAC) applicants may complete their training through any of the above options.*

| Training site | Start Date (MO/YR) | Anticipated End Date(MO/YR) |
|---|---|---|
| | | |
| | | |

*Note: Bachelor's level (LAC) applicants must complete their training at 2 or more sites. Master's level (LMAC) applicants may complete their training at 1 or more sites.*

_____ _____

Clinical Training Program Director Signature Date

Email Address: _____