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

Individual Training Plan Request Form

Individuals who are seeking LMAC licensure and related ND licensed mental health professionals (as specified in the 4.5-02.1-01-04) who are seeking to complete clinical training outside of a consortium, must complete this form and have board approval prior to starting clinical training. The form must be returned to the board office by the agency director where the trainee would like to complete clinical training. This application must accompany the following:

- Completed LAC or LMAC Application
- Completed Transcript Review Form
- Official academic transcript (trainees may complete two academic courses while they are registered as clinical trainees)

Trainee Information

Last Name: First Name:

Middle Name: Maiden Name:

Home Address:

Work Address:

Home Phone: Work Phone:

Email Address:

Trainee's Academic Degree:_____

Training Program/ Facility Information:

Facility Name:

Address/Phone/Email:_____

Clinical Supervisor/s:

Supervisor's License: _____

Note: LACs who are registered clinical supervisors are able to provide supervision until Dec. 31, 2023

Is the supervisor a NDBACE Registered clinical supervisor: **Yes/ No**

Described in detail the addiction counseling training the trainee will receive under the individualized training plan:

Proposed Start and end dates of training

Number of hours of training to be completed:

Rationale for needing an individualized training plan

Agency Director Date