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

APPLICATION FOR INITIAL LMAC LICENSE
If you do not complete the entire application, it will not be reviewed.

Application Instructions Read the following instructions first. Failure to do so may affect your licensure process. Complete the Application for Licensure form and return it with all additional items below to the NDBACE office.

All fees can be paid online through PayPal at http://www.ndbace.org.

Additional items required include:

- ❏ Official transcript showing an appropriate Master's or doctorate degree was granted.
  - ❏ Attach **LMAC Transcript Review Form**
  - ❏ Official Transcript must be sent directly from the school to the NDBACE office.
- ❏ An official document verifying clinical training completion.
  - ❏ Verification of completion of a Board approved 700-hour clinical training program.
    This must be submitted by your clinical supervisor or clinical training program director
    -OR-
  - ❏ Verification of the completion of a non-board approved clinical training which is considered substantially equivalent as required by North Dakota Century Code chapter 43-45 and article 4.5-02.1.-01-04.
- ❏ Two letter of reference submitted on a board approved document.
- ❏ Documentation verifying a passing score on board-approved MAC examination. The scores must be received directly from the testing company.
- ❏ License fee:
  - ❏ Current ND LAC: $75.00
  - ❏ Non North Dakota licensees: fee based on date the board office received application.
- ❏ Verification of completion of 2000hrs of post licensure supervised addiction counseling experience.

The North Dakota Board of Addiction Counseling Examiners' Law and Administrative Rules that govern the practice of addiction counseling in the state of North Dakota can be found on the board's web site at http://www.ndbace.org.

If you have practiced or been licensed in another jurisdiction other than North Dakota, you must indicate this on the application and contact the appropriate jurisdiction to provide verification of licensure and forward it to the NDBACE. The board must receive verifications in order to process your application.

It is your responsibility to properly complete the forms and send them to the NDBACE office at the address listed above. If you do not complete the application in full, it will be returned to you along with your application fee, and it will not be processed until it is complete. If you need any help or have any questions during the

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application process, please call the NDBACE office at (701) 255-1459.

NOTE: It is against the law to work as an addiction counselor until you are licensed in North Dakota

FEE SCHEDULE:

License fee is based on date application was received by board office.

- ☐ On or after January 1 (even year) and before July 1 (even year): $300
- ☐ On or after July 1 (even year) and before January 1 (odd year): $250
- ☐ On or after January 1 (odd year) and before July 1 (odd year): $150
- ☐ On or after July 1 (odd year) and before January 1 (even year): $100

IDENTIFYING INFORMATION

Last Name: First Name:

Middle Name: Maiden Name:

Home Address:

Home Phone:

Email Address:

Date of birth: Social security number:

Gender: M / F

Name as you wish it inscribed on license:

Are you married to a member of the United States military?

CURRENT EMPLOYMENT

Agency:

Address:

Phone:

Dates of Employment:

ADDICTION COUNSELING LICENSURE HISTORY

Have you ever been licensed as an addiction counselor in the State of North Dakota? Yes / No

If yes, what was your license number?

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Have you ever been, or are you currently, licensed as an addiction counselor in another jurisdiction? Yes / No

If yes, in what jurisdiction(s) were/are you currently licensed?

Date of license:

Name of license:

License Number:

If you are licensed elsewhere as an addiction counselor, additional items to submit include:

- ❑ Verification from the licensing authority in another jurisdiction that you are currently licensed and your license is in good standing
- ❑ A copy of the laws and rules from the jurisdiction in which you are licensed, which were in effect at the time you were initially licensed in that jurisdiction. The laws and rules must include the requirements for obtaining and maintaining a license in that jurisdiction

LICENSEES OF OTHER NORTH DAKOTA MENTAL HEALTH BOARDS

a. Are you licensed as a LMFT, LPCC, LICSW, LP, or advanced clinical practice nurse, and possess a master's or doctoral degree in your field of study?
Yes / No

b. If yes to above please list your license/s and ND license number/s:_____
(**must attach a copy of your ND license**)

c. If yes to above, is/are your licenses in good standing (e.g., no board sanctions or disciplinary action during the past 5 years).
Yes / No

d. If no to c., please provide a written explanation of the type of disciplinary action taken against you and the name of the board which disciplined you.

EDUCATIONAL EXPERIENCE

Please indicate in reverse chronological order – The most recent should be listed first.

Name of School:

Location of School:

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Field of Study:

Year Graduated: Degree Earned:

Name of School:

Location of School:

Field of Study:

Year Graduated: Degree Earned:

At the time of attendance, was your Master's degree program NASAC, INCASE, or CACREP accredited? Yes / No

- If 'NO' you must attach a completed *LMAC Transcript Review Form* with your application.
- If 'YES' you do not need to complete a *LMAC Transcript Review Form*. Please provide evidence of accreditation.

LETTERS OF REFERENCE

Please provide two reference forms. Of the two references, one must beyour primary addiction counseling clinical supervisor, if applicable. The reference letters should be completed using the ND BACE "Letter of Reference" form; letters should be submitted directly to the Board office and can be found online at
http://www.ndbace.org

POST SUPERVISION EXPERIENCE

a. Name of clinical supervisor:_____

b. Licensure of clinical supervisor: LCAC LMAC

c. Have you completed 2000hrs of post-Master's supervised addiction counseling experience? Yes / No

d. During the 2000hrs, did you receive a minimum of 1 hr. of weekly, *face-to-face supervision? Yes / No

* Face-to-face may be completed over a HIPAA compliant software.

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THE BELOW STATEMENT MUST BE COMPLETED AND SIGNED BY YOUR CLINICAL SUPERVISOR.

Name: Position/License Information

I (*print your name*)_____verify (*print applicant's name*)_____
_____completed 2000hrs of post-Master's supervised addiction counseling experience under my supervision from (*date*)_____to (*date*)_____.
The face-to-face supervision occurred 1hr/week.

Signature: Date:

**If supervision was completed by more than one individual, please use a separate sheet to provide the above information for each supervisor.*

APPLICATION QUESTIONNAIRE

I have read and understand the NDBACE Code of Ethics and agree to adhere to the code. The

NDBACE Code of Ethics can be found online at http://ndbace.org/2015-01-20-20-38-01.html

☐ Yes ☐ No

Have you ever been convicted of an offense other than minor traffic violations?

☐ Yes ☐ No

If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the court judgment.

Have you ever been convicted of abuse and/or neglect of a child or vulnerable adult?

☐ Yes ☐ No

If yes, please attach a written explanation

Have you ever been diagnosed with substance use disorder or participated in addiction treatment or rehabilitation?

☐ Yes ☐ No

If yes, please attach a written explanation.

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Have you ever experienced any problems or issues that could impair your ability to practice addiction counseling?

☐ Yes ☐ No

If yes, please attach a written explanation.

Have you ever been sanctioned or disciplined by a state licensing or credentialing agency?

☐ Yes ☐ No

If yes, please attach a written explanation and a copy of the order, consent order, or settlement agreement.

Personal information" contained on this application is an "exempt record". NDCC 44-04-18.1. An "exempt record" is a record that may be released to the public at the discretion of the public entity. NDCC 44-04-

17.1(5). "Personal information" includes a person's home address; home telephone number or personal cell phone number; photograph; medical information; motor vehicle operator's identification number; public employee identification number; payroll deduction information; the name, address, telephone number, and date of birth of any dependent or emergency contact; any credit, debit, or electronic fund transfer card number; and any account number at a bank or other financial institution. NDCC 44-04-18.1(2).

SIGNATURE

I certify that I am the person who is referred to in the foregoing application in the State of North Dakota, that the statements contained herein are strictly true in every respect, and that I have read and understand this affidavit. I authorize the ND BACE to run a National Practitioner's Data Bank (NPDB) inquiry on me.

Signature Date

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