NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

NDBACE

NOTICE:
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RETURN FORM TO:
North Dakota Board of Addiction Counseling Examiners
P. O. Box 1053
Bismarck, ND 58502
board@ndbace.org

Licensed Master Addiction Counselor (LMAC) 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?

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

2. Please identify one or more undergraduate or graduate level classes you completed that meet the following criteria:

- ❖ Theories of counseling that must include content specific to theories of addiction counseling. (**3 credits**)
- ❖ Counseling techniques, assessment, and treatment of addiction disorders that must include content on the ASAM criteria and counseling techniques specific to addiction (**3 credits**)
- ❖ Group counseling (**3 credits**)
- ❖ Psychopharmacology; must include content in all of the following areas: drugs of abuse, medication assisted treatment for addictive disorders, and medications used to treat mental health disorders. (**3 credits**)
- ❖ Research methods or program evaluation (**3 credits**)
- ❖ Professional ethics; must include content specific to addiction counseling; NAADAC code of ethics, and 42 CFR Part 2 (**3 credits**)
- ❖ Family counseling; must include content specific to methods and techniques for working with families of addicted individuals (**3 credits**)

- ❖ Lifespan development (**3 credits**)

- ❖ Multicultural counseling; must include content specific to counseling individuals of diverse backgrounds (**3 credits**)

- ❖ Treatment of co-occurring disorders that must include content in the assessment, diagnosis, and treatment of substance abuse disorders and other mental health disorders. (**3 credits**)

- ❖ Clinical supervision (**1 credit**)

3. Is the program accredited by the national addiction studies accreditation committee, the international coalition for addiction studies and education accreditation, or counsel for accreditation of counseling and related educational programs for addiction counseling

Yes No

If yes, please provide evidence of this accreditation:

4. Do you meet all of the academic requirements, as stated above?

Yes No

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

Signature & Date