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

OUT-OF-STATE APPLICANTS FORM

Must submit this form along with your LAC or LMAC Application for licensure form

This form should be submitted by out-of-state individuals who are licensed or certified as addiction counselors in a state other than North Dakota.

1. In what state are you currently licensed as an addiction counselor? _____
   - Please attach a copy of your license. Also, your licensing board must provide verification of licensure to the NDBACE.

2. What year were you licensed? _____

3. Is your license in good standing (e.g., no sanctions/disciplinary action was taken against you during the past 5 years)?
   Yes / No
   - If you responded "No" to #3, please attach a written description of events and any pertinent documentation.

5. Which North Dakota license are you applying for? **LAC / LMAC**

6. Do you possess a NAADAC NCAC-II certification? **Yes / No**
   - Please attach copy of certification, if applicable.

7. Do you possess a NAADAC MAC certification? **Yes / No**
   - Please attach copy of certification, if applicable.

8. If you possess a NCAC-II or MAC certification, you do NOT need to submit the following application materials:
   - LAC or LMAC Transcript Review
   - Official Transcript
   - Verification of clinical training hours
   - Verification of examination
   - Verification of having completed 2000hrs of post-Master's supervised addiction counseling experience

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.

Date Signature