

**NOTICE:**

All NDBACE files are subject to the North Dakota Open Records Law

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091  
Or email an electronic copy to [board@ndbace.org](mailto:board@ndbace.org)

## Application for Licensure

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*If you do not complete the entire application, we will return it to you.*

### 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 to the NDBACE office. All forms and associated fees can be submitted online at <http://www.ndbace.org>. Additional items required include:

- Official transcript showing degree granted and the 32 credit hours in addiction studies. 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 1400-hour clinical training program. This may 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.

- Letter of Reference forms should be submitted from the references named in Section VII to the NDBACE office.

- Documentation verifying a passing score on board-approved examinations.

- License fee based on date the board office received your application (indicated on Application for Licensure form)

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 complete a verification form 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 application process, please call the NDBACE office at (701) 255-1439.

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

# Licensure Application

## I. FEE SCHEDULE:

License fee is based on date application was received by board office. Forms and fees can be submitted online at <http://www.ndbace.org>.

- 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

## II. IDENTIFYING INFORMATION (type or print)

- a. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
- b. Present Home Address: \_\_\_\_\_
- c. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- d. Email Address: \_\_\_\_\_
- e. Date of birth: \_\_\_\_\_ Gender: M / F Social security number: \_\_\_\_\_
- f. Name as you wish it inscribed on license: \_\_\_\_\_

## III. CURRENT EMPLOYMENT

- a. Agency: \_\_\_\_\_
- b. Address/Phone: \_\_\_\_\_
- c. Dates of Employment: \_\_\_\_\_

## IV. LICENSURE BACKGROUND

- a. Have you ever been licensed in the State of North Dakota? Yes / No
- b. If yes, what was your license number? \_\_\_\_\_
- c. Have you ever been, or are you currently, licensed in another jurisdiction? Yes / No
- d. If yes, in what jurisdiction(s) were/are you currently licensed? \_\_\_\_\_
- e. Date of license \_\_\_\_\_
- f. Name of license \_\_\_\_\_

If you are licensed elsewhere, additional items to submit include:

- Verification from the licensing authority in another jurisdiction that you are currently licensed and 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

**V. EDUCATIONAL EXPERIENCE**

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

- a. Name of School: \_\_\_\_\_
- b. Location of School: \_\_\_\_\_
- c. Field of Study: \_\_\_\_\_
- d. Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_
  
- e. Name of School: \_\_\_\_\_
- f. Location of School: \_\_\_\_\_
- g. Field of Study: \_\_\_\_\_
- h. Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**VI. LETTERS OF REFERENCE**

Please provide the names of three people who are willing to provide written references for you. Of the three references, one must be a previous or present addiction counseling clinical supervisor. 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>

**VII. APPLICATION QUESTIONNAIRE**

- a. 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/code\\_of\\_ethics](http://ndbace.org/code_of_ethics)  
 Yes       No
  
- b. 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.

- c. 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
- d. 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.
- e. 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.
- f. 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).*

**VIII. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature