

**NOTICE:**

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

RETURN FORM TO:

North Dakota Board of Addiction Counseling
Examiners 505 Kansas City St., Rapid City, SD 57701

Or email an electronic copy to board@ndbace.org

Approved Provider Application

Approved Provider Application Instructions

Continuing education must be related to the practice of addiction counseling, behavioral mental health, or best practice techniques. It must have the potential to increase the licensee's proficiency in addiction counseling.

Non-acceptable continuing education topics include (but are not limited to):

- Those contrary to the code of ethics
- Marketing, business, personal enrichment, time management, supervisory sessions, technology enhancement, staff orientation, agency, or other meetings regarding procedural issues
- CPR classes
- Computer-related workshops

The program provider must ensure the program offered contains a course outline, learning objectives, and an evaluation of the learning outcome of participants, and provide these documents to the board upon request.

Completed applications must also include your \$100 approved provider fee payment by check or money order made payable to NDBACE.

Approved Provider Application
Continuing Education Contact Hours

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL INFORMATION

Provider Name			
Address	City	State	Zip
Phone	Email		
Describe Qualifications			

I/we hereby apply for approved provider status for continuing education. I/we hereby attest that I/we have received a copy of the guidelines and criteria regarding continuing education and agree to present programs that meet the North Dakota Board of Addiction Counseling Examiner’s criteria governing continuing education for addiction counselors.

 Administrator

 Continuing Education Coordinator

Date: _____

DO NOT WRITE BELOW THIS LINE

_____ has has not been granted an “Approved Provider” status for continuing education by the North Dakota Board of Addiction Counseling Examiners, effective _____ to _____.

Provider number: _____

Check/money order number: _____

 Continuing Education Monitor