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
505 Kansas City Street, Rapid City, SD 57701
Or email an electronic copy to board@ndbace.org

Clinical Trainee Registration Form

Prior to starting clinical training, you must complete this form and return it to the board office, along with an official copy of the trainee's transcript(s) showing completion of the required academic coursework. Trainees may complete two academic courses while they are registered as clinical trainees.

Trainee Information

Last Name: _____ First Name:_____

Middle Name: _____ Maiden Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

The above named trainee has been accepted into the _____ program.

Anticipated start and end dates for training _____

PLAN FOR COMPLETING 1400 HOURS OF CLINICAL TRAINING

Academic Training Site	Start Date (mo/yr)	Anticipated End Date (mo/yr)

Submit an official copy of the trainee's transcript(s) verifying completion of the required academic coursework.

Academic Institution	Degree	Date Completed

Clinical Training Program Director

Date

Printed Name

Address: _____

Phone: _____ Email Address: _____