

# Admission Application for Clinical Training Program in ND Consortiums

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*If you do not complete the entire application, you will not be considered for training.*

## Application Instructions

Read the following instructions first. Failure to do so may affect you being accepted into training.

*This application needs to be submitted to the Clinical Training Director by the first Thursday in February.*

## Clinical Training Program Applicants

Complete the Admission Application for Clinical Training Program and send to the Clinical Training Program Director that you are applying for, along with:

- Official transcript
- Resume, if applicable
- Conviction information and court judgment, if applicable
- 3 Letters of reference, one letter must be submitted by a professor from your academic institution

## Clinical Training Application

### I. 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: \_\_\_\_\_

### II. LIST SCHOOLS ATTENDED

- High School: \_\_\_\_\_ City, State: \_\_\_\_\_ Year of Graduation/GED \_\_\_\_\_
- College/s: \_\_\_\_\_ City, State: \_\_\_\_\_ Graduation (MM/YY): \_\_\_\_\_  
\_\_\_\_\_ City, State: \_\_\_\_\_ Graduation (MM/YY): \_\_\_\_\_
- Other School/s: \_\_\_\_\_ City, State: \_\_\_\_\_ Year attended: \_\_\_\_\_

Have you previously made an application to an Addiction Counselor Training Program?

Yes  No

Please give reason for not being accepted into or declining the admission to the training program:

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Have you ever been in an Addiction Counselor Training Program previously?

Yes  No

If yes, please give name, date, and reason for leaving:

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### III. EMPLOYMENT HISTORY

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Please list any additional employment held within the past five years. If additional room is needed, please send a resume along with your application.

Past Employer #1: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates (MM/YY- MM/YY): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Past Employer #2: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates (MM/YY- MM/YY): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### IV. FIELD EXPERIENCE/ LEGAL HISORY

Have you ever completed a field experience/practicum if required by your academic program?

If yes, in what field did you complete the experience? \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ Supervisor or Contact Person: \_\_\_\_\_

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.



**VI. RELATED EXPERIENCE**

List community or volunteer activities (please include dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. ACADEMIC REQUIREMENTS**

**A Clinical Training Applicant does not need to have all the academic requirements of NDAC 4.5-02.1-01-03 met, in order to apply for Clinical Training. You can have two core courses left to complete while in training. In order to qualify for initial licensure in North Dakota an applicant must meet the following criteria:**

1. A bachelor’s, master’s, or doctorate degree in addiction studies from a 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; or
2. A bachelor’s, master’s, or doctorate degree in addiction studies or a closely related social science or health care field and a minimum of thirty-two total credit-hours in addiction studies is required.  
Degree: \_\_\_\_\_ Date/ Anticipated Date Conferred: \_\_\_\_\_

The thirty-two credit-hours must include academic course content in all of the following areas:

a. A minimum of **three credits covering theory and techniques of treatment** with all of the following content:

- (1) Evidence-based treatment methods and models, including those specific to addiction.
- (2) Assessment and diagnosis models based upon the current diagnostic and statistical manual of the American psychiatric association, including substance-related disorders.
- (3) Most current American society of addiction medicine patient criteria.
- (4) Interviewing process, skills, and techniques.
- (5) Individual counseling skills.
- (6) Testing instruments.
- (7) Documentation, report writing, and recordkeeping.
- (8) Verbal communication skills.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

b. A minimum of three credits covering group counseling skills.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

c. A minimum of three credits covering psychopharmacology.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

d. A minimum of three credits covering dynamics of addiction with all the following content:

- (1) Historical perspective of models of addiction.
- (2) Community support and self-help for people with substance disorders.
- (3) Contagious diseases related to substance abuse.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

e. A minimum of three credits covering co-occurring disorders with all the following content:

- (1) Assessment and diagnosis models of substance-related disorders and co-occurring mental illnesses based upon the current diagnostic and statistical manual of the American psychiatric association.
- (2) Psychopathology, mental health, and mental illness in childhood, adolescence, and adulthood.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

f. A minimum of two credits covering professional ethics with all the following content:

- (1) Professional competence and standards.
- (2) Values and societal obligations.
- (3) Ethics and codes of conduct for professionals.
- (4) Ethical decision making.
- (5) Malpractice and liability.
- (6) Federal and state regulations governing addiction counseling.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

g. A minimum of three credits covering development through the entire lifespan.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

h. A minimum of three credits covering family systems with all the following content:

- (1) Family functioning
- (2) Family types
- (3) Addiction in families

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

i. A minimum of three credits covering multicultural diversity or cultural competence related to counseling. Please list the name of the courses you took in which the following content areas were taught.

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### **VIII. SIGNATURE**

I certify that all answers I have given in this application are complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature