



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

Internship Registration Form

Name of Intern

Last

First

Middle Initial

Email _____

Home Phone _____ Work Phone _____

Home Address

City _____ State _____ Zip _____

Work Address

City _____ State _____ Zip _____

An official transcript of all completed core courses must be received by the Board before internship status is approved.

Academic Institution

Degree

Date Completed

Addiction Training Site

Beginning Date
(month/year)

Completion Date
(month/year)

Internship Site

Beginning Date
(month/year)

Anticipated Completion
Date (month/year)

Signature of Clinical Supervisor

Date

PRIOR TO STARTING CLINICAL INTERNSHIP/EMPLOYMENT, THIS FORM MUST BE COMPLETED AND RETURNED TO THE BOARD. INTERNSHIP STATUS APPROVAL BY THE BOARD MUST BE OBTAINED BEFORE THE BEGINNING OF THE INTERNSHIP.