



**NOTICE:**

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

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 East Main, Suite #5, Bismarck, ND 58501  
Or email an electronic copy to [board@ndbace.org](mailto:board@ndbace.org)

---

**2018 – 2019 Renewal of Licensure**

---

**Renewal Instructions**

Read the following instructions first; failure to do so may affect your renewal process. Complete the Application for Renewal of Licensure form and return it to the NDBACE office. All forms and associated fees can be submitted online at <http://www.ndbace.org>.

- NEW FEES:** \$300 licensure renewal fee must be included.
- Completed applications should be submitted by mail to the address above. Application must be postmarked by December 1, 2017. A late fee of \$100 will be charged if not postmarked by December 1, 2017.

***Your license will expire if the renewal process is not completed by December 31, 2017. It is illegal to practice addiction counseling without a current license.***

---

**I. IDENTIFYING INFORMATION (type or print)**

- a. Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Middle name: \_\_\_\_\_ Maiden (previous) name: \_\_\_\_\_
- b. Present home address: \_\_\_\_\_  
City, State and zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_
- c. Home Phone: \_\_\_\_\_ Current license #: \_\_\_\_\_
- d. Email Address: \_\_\_\_\_

---

## II. EMPLOYMENT INFORMATION

- a. Employer Name: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City, State and zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_
- b. Position: \_\_\_\_\_ Start date: \_\_\_\_\_
- c. Work phone: \_\_\_\_\_ Work email: \_\_\_\_\_

---

## III. CLINICAL SUPERVISION

The requirement is eight hours of clinical supervision continuing education per two-year cycle. The deadline to submit the eight hours is December 1, 2017 or the registration will expire. These hours are included in the 40 hours needed for licensure renewal.

Do you wish to maintain your clinical supervision registration? Yes \_\_\_\_\_ No \_\_\_\_\_

---

## IV. CONTINUING EDUCATION

If you received your initial license in 2017, please note that according to **North Dakota Administrative Code 4.5-02.1-02-02, Continuing education, section 1:**

1. Continuing education credit is an award given to a participant at a workshop or seminar. All licensed addiction counselors are required to complete forty hours of continuing education for the two-year licensing period to maintain licensure in North Dakota.
  - a. Twenty approved continuing education hours are required if an addiction counselor is initially licensed between January first and June thirtieth of the odd-numbered year.
  - b. No continuing education hours are required if an addiction counselor is initially licensed on or after July first of an odd-numbered year.
  - c. Continuing education hours cannot be earned until after the license effective date and only within the current licensing period.
  - d. Continuing education hours may only be applied to one licensing period.

**Effective August 1, 2014, the laws pertaining to continuing education have changed. You are now responsible for tracking you own continuing education record. As required under North Dakota Administrative Rules 4.5-02.1-02-02, sections 4-7:**

2. At the end of the two-year reporting cycle, each licensee or registrant shall submit a signed statement on a form provided by the board attesting to satisfaction of the continuing education requirement. The licensee or registrant shall list the activities submitted for continuing education credit and the amount of credit claimed for each one and the date for each session.
3. The licensee or registrant may not submit the specific verification of each continuing education experience claimed, but must maintain a file of such verification documentation for two years following the submission of the reporting form.
4. At each reporting period, the board will select a random sample of approximately ten percent of the licensees and registrants and require them to provide verification of the continuing education experiences claimed on the reporting form.
5. Eight of the forty continuing education hours for clinical supervisors must contain materials related to clinical supervision techniques and skills, with documentation verifying the content submitted to the board.

*I certify that I have completed the required continuing education credits as required under the North Dakota Administrative codes 4.5-02.1-02-02. I also understand that any misrepresentation of continuing education credits that I have earned may affect my ability to remain as a licensed addiction counselor in North Dakota.*

**Signature:** \_\_\_\_\_

---

**V. DISCLOSURES**

1. I have read and understand the NDBACE Code of Ethics and agree to adhere to the Code.  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. In the last two years, have you been convicted of an offense other than a minor traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the court judgment.**
3. In the last two years, have you been diagnosed with chemical dependency or participated in chemical dependency treatment or rehabilitation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please attach a written explanation.**

4. In the last two years, have you experienced any problems or issues that could impair your ability to practice addiction counseling?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please attach a written explanation.**

5. In the last two years, have you 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.**

---

*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.*

*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).*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_