



**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*

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## Private Practice Registration Application

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**Completed applications must also include your \$150 registration fee payment by check or money order made payable to NDBACE. If your application is incomplete, we will return it to you.**

To be eligible for private practice registration, you must have 10,000 hours of full-time clinical experience as a licensed addiction counselor, **or** a master's degree in a closely related social science **or** health care field with 4,000 hours of post-master's clinical experience as a licensed addiction counselor.

LAC#: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

### Clinical Experience

You must document five years of full-time clinical experience as a licensed addiction counselor.

Dates of experience: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

Dates of experience: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

(If you have additional experience, please attach a separate sheet of paper)

## Master's Degree Information

You must have the university send an official transcript showing your degree earned to the address above.

University: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Degree Earned: \_\_\_\_\_

## Description of Private Practice

Describe programs/services.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date