



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

Private Practice Registration Application

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.

Signature of Applicant

Date