South Dakota Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501
Phone: 605.224.1721
Email: bapp@midwestsolutionssd.com
Web: dss.sd.gov/licensingboards/bapp/bapp.aspx

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

APPLICATION FOR PLAN OF SUPERVISION—PEER SUPPORT SPECIALIST

No supervision hours can accrue until a Plan of Supervision is approved for the applicant.

Please submit:

1) Completed application;
2) **Attachment 1** completed and submitted directly to the Board by your Proposed Supervisor;
3) Verification of high school diploma or a general education diploma;
4) Verification of specific training to personal recovery from an approved program;
5) Verification of other certificates or licenses;
6) Quality color photograph of applicant;
7) Verification of any name change (i.e. marriage/divorce);
8) Non-refundable $50 application fee; and
9) Refundable $100 recognition fee.

The application fee for a Plan of Supervision is non-refundable. If the applicant uses more than one approved supervisor to meet the supervision requirements for full licensure, no fee will be charged for additional supervisors.

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

E-mail: _____ Phone: _____

Name of Agency: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PROPOSED SUPERVISOR NAME

Name: _____ SD License Number: _____ Issue Date of License: _____

License Type: ☐ CAC ☐ LAC ☐ CPS ☐ PSS ☐ LPC ☐ LPC-MH ☐ LMFT

☐ CSW-PIP ☐ Psychologist ☐ Psychiatrist

Attachment 1 Completed: ☐ **Yes** ☐ **No** *Attachment 1 must be completed and submitted directly to the Board by the Proposed Supervisor.*

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EDUCATION

Verification of a high school diploma or general education diploma submitted to the board.

Name of School: _____

City/State: _____

Date of Graduation: _____

VERIFICATION OF TRAINING SPECIFIC TO PERSONAL RECOVERY
PEER SUPPORT SPECIALIST

List a minimum of 5 hours of training specific to personal recovery from an approved education program and attach certificates of verification, as described in **20:80:15:03**, in each of the following areas:

Content Area	Course Number(s)	Course Title(s)	Education Program
Advocacy			
Mentoring and education; and			
Ethical Responsibility			
Counseling Internship			

Please attach the certificates of completion with the application

MILITARY STATUS

☐ YES ☐ NO Are you a member or the spouse of a member of the armed forces of the United States?

If Yes, were you or your spouse the subject of a military transfer to South Dakota? ☐ Yes ☐ No

If Yes, did you leave employment to accompany your spouse to South Dakota? ☐ Yes ☐ No

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LEGAL QUESTIONS (***If you answer yes to any question below, please provide a separate written explanation.)***

☐ YES ☐ NO Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

☐ YES ☐ NO Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 traffic offense?

☐ YES ☐ NO Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state?

☐ YES ☐ NO Are you $1,000 or more behind in child support payments?

☐ YES ☐ NO Have you previously made application for licensure to this Board?

STATEMENT OF RECOVERY

By initialing below:

_____ I attest that I have maintained continuous and stable recovery for the preceding twelve (12) months

OTHER LICENSES

Do you currently hold a valid license to practice counseling or provide addiction/prevention/peer support in another state? ☐ YES ☐ NO

If yes, which state(s)? _____

If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Addiction and Prevention Professionals at PO Box 340, Pierre, SD 57501 or electronically to bapp@midwestsolutionssd.com.

Date requested:_____

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STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? ☐ Female ☐ Male

What is your race? Please check all that apply.

- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ White or Caucasian
- ☐ Other
- ☐ Decline to Provide

APPLICATION FEE Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

- ☐ $50 non-refundable application fee
- ☐ $100 refundable recognition fee

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

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To be signed in the presence of a Notary Public

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL COUNSELING AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

_____ _____
Applicant Signature Date

State of _____)
) SS
County of _____)

On this ___ day of _____, 20___, the above applicant, _____, personally appeared, known to me or satisfactorily proven to be the same person whose name s subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness where of, I have here unto set my hand and official seal.

(SEAL)

Notary Signature: _____

Notary Name: _____

My Commission Expires: _____

Mail completed application and fee to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

For Board Use Only:
Application Fee Check number _____ *Amount*_____ *Date*_____