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—PREVENTION 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) Proof of graduation (i.e. transcripts) from an approved education institution and/or approved education program
4) Verification of at least two of the required courses necessary for certification;
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 ☐ 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

A minimum of a bachelor's degree from an approved education institution, as described in 20:80:15:01, in a behavioral health field

Name of Post Graduate Institution: _____

City/State: _____

Date of Graduation: _____ Degree: _____

Please request your school send an official copy of your transcripts directly to the South Dakota Board of Addiction and Prevention Professionals at PO Box 340, Pierre, SD 57501 or electronically to bapp@midwestsolutionssd.com. Transcripts must be received directly from the school to be valid. Date requested:_____

COURSEWORK REQUIREMENTS
Prevention Specialist

SPECIALIZED EDUCATION DOCUMENTATION:
A minimum of three semester hours and a grade of "C" or higher in **at least two** of the following education courses:

Content Area	Course Number(s)	Course Title(s)	College/ University
Introduction to the Study of Alcohol Use and Abuse			
Introduction to the Study of Drug Use and Abuse			
Foundations of Alcohol and Other Drug Prevention			
Theory and Practice of Alcohol and Drug Prevention			
Ethics for the Alcohol and Drug Professional			

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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

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?

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.

- ☐ $100 Refundable recognition fee
- ☐ $50 Non-refundable application 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*_____