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
Strong Families - South Dakota's Foundation and Our Future

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

# SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

## APPLICATION FOR PLAN OF SUPERVISION – TRAINEE

**Please submit:**

1) Completed application;
2) Verification of high school diploma or a general education diploma;
3) **Attachment 1** completed and submitted to the Board by the proposed supervisor;
4) Verification of any name change (i.e., marriage/divorce);
5) Verification of other certificates or licenses;
6) Quality color photograph of applicant;
7) Non-refundable $50 application fee; and
8) $100 trainee recognition fee.

☐ **Reapplication** - Please check this box if you have previously been a trainee with the Board.

**APPLICANT INFORMATION**

Name: _____

Address: _____ City:_____State:_____ Zip:_____

Date of Birth: _____ Social Security Number: _____

Phone: _____Email: _____

Agency Name: _____ Agency Phone: _____

Address: _____ City:_____State:_____ Zip:_____

**SUPERVISOR INFORMATION** *Trainees are not permitted to establish their own independent practice.*

Agency Name: _____

Agency Address: _____City: _____Zip: _____

Supervisor Name: _____ SD License/Certificate Number: _____

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

Trainee recognition is available to persons with a minimum of a high school diploma or general education diploma (GED). *Please include a copy of your high school diploma or general education diploma to the board.*

☐ High School or General Education Diploma

Issued by: _____ Date: _____

A board-approved plan of supervision is valid for one year from the date of issuance. An application to renew a plan of supervision must be submitted at least thirty days before the expiration of the approved plan of supervision. If a plan of supervision is not renewed or reinstated as prescribed by SDCL 36-34-13, any work experience and supervision hours accumulated while under the plan of supervision expire and do not qualify for purposes of meeting the work experience and supervision requirements for certification or licensure under this article.

## 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 questions 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 trainee recognition, certification, or licensure to this Board?

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**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:_____***

**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 AND RECOGNITION FEES** 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 Trainee 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*_____