South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

South Dakota Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501
Phone: 605.224.1721
Email: bapp@midwestsolutionssd.com

SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

APPLICATION FOR STATUS UPGRADE TO LICENSED ADDICTION COUNSELOR (LAC)

This is an application for status upgrade to Licensed Addiction Counselor (LAC) in South Dakota. An applicant must hold a valid Certified Addiction Counselor (CAC) status to request an upgrade.

Please submit:

1) Completed application;
2) Verification of graduation (i.e. official transcripts) submitted directly to the Board;
3) Proof of Required Specialized Education Documentation;
4) Verification of any name change (i.e. marriage/divorce), if applicable;
5) Refundable $100 License upgrade fee; and
6) Non-refundable $50 Application fee

APPLICANT INFORMATION

Name: _____

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

Date of Birth: _____Social Security Number: _____

E-mail: _____ Phone: _____

Current Certified Addiction Counselor (CAC) number: _____ CAC Valid Through Date: _____

Employment: _____ Phone: _____

Address: _____City: _____ State: _____ Zip: _____

REQUIRED EDUCATION

Name of Post Graduate Institution: _____

City/State: _____

Date of Graduation: _____ Master's Degree : _____

EDUCATIONAL AND ACADEMIC REQUIREMENTS FOR UPGRADE
LICENSED ADDICTION COUNSELOR

Please write course number(s) to (s) the educational requirements for a Licensed Addiction Counselor (LAC) from your transcript. List all completed specialized educational courses. Courses must be completed at an educational program recognized by the Board. All courses must equal 3 or more semester credits and earn a "C" grade or higher. A minimum of two courses must be at the graduate level. Courses must be evidenced by an official transcript.

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Addiction Counseling Theories & Techniques						
Psychopharmacology **OR**						
Psychopathology						
Legal, Ethical & Professional Standards						
Case Management & Assessment of Co-Occurring Disorders						
Treatment Planning						
Multicultural Competency						

TRANSCRIPT

☐ YES ☐ NO Have you previously submitted an official copy of your transcript to the Board?

If NO, 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. Date Requested _____

Transcripts must be received directly from the school to be valid.

OTHER LICENSES

Do you currently hold a valid license to practice addictions counseling in another state? ☐ YES ☐ NO
If yes, which state(s)? _____

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 certification or licensure to this Board?

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 License Upgrade Fee

☐ $50 Application Fee (Non-refundable)

ATTESTATION OF INFORMATION

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 THE LICENSE APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

_____ _____

Applicant Signature Date

Mail completed application and fees to:
SD Board of Addiction and Prevention Professionals
PO Box 340, Pierre, SD 57501

For Office Use Only:
License Fee Check number _____ *Amount*_____ *Date*_____