SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Email: bapp@midwestsolutionssd.com
Website: https://dss.sd.gov/licensingboards/bapp/bapp.aspx

APPLICATION FOR TESTING: CERTIFIED ADDICTION COUNSELOR (CAC)

This is an application for testing: Certified Addiction Counselor (CAC) in South Dakota. Passage of a national exam is required prior to certification.

Please submit:

1) Completed application;
2) Attachment A completed and submitted directly to the Board by your ACT Supervisor;
3) Proof of graduation (i.e. transcripts) from an accredited Institution submitted directly to the Board;
4) Attachment 2 Specialized Education Documentation,
5) Verification of any name change (i.e. marriage/divorce), if applicable;
6) Verification of Work experience
7) Attachment B—Tracking Forms
8) Quality color photograph of applicant; and
9) Non-refundable $250 Application & Testing fee.

APPLICANT INFORMATION

Name: _____

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

Date of Birth: _____Social Security Number: _____

E-mail: _____ Phone: _____

Current Addiction Counselor Trainee (ACT) number: _____ 5-year ACT Status ends: _____

Employment: _____ Phone: _____

Address: _____City: _____ State: _____ Zip: _____

SUPERVISED EXPERIENCE

Please provide the name of each Supervisor for your work experience.

Name of Supervisor:_____License Type: ☐ LAC or ☐ CAC

Name of Supervisor:_____License Type: ☐ LAC or ☐ CAC

Attachment A submitted to Board: ☐ **Yes** ☐ **No** *Attachment A must be completed and submitted directly to the Board by your ACT Supervisor(s) to document your required supervision.*

REQUIRED EDUCATION

Name of High School/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: _____

For specialized Education Documentation, see page 5.

OTHER LICENSES

Do you currently hold a valid license to practice addictions counseling 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:_____

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 & TESTING 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.

☐ $250 Application & Testing fee for the IC&RC ADC (Alcohol & Drug Exam) or AADC (Advanced Alcohol and Drug Counselor Exam)

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 THE LICENSE APPLIED FOR 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: _____

Attach Photo Here

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

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*_____

ATTACHMENT 2 EDUCATIONAL AND ACADEMIC REQUIREMENTS
CERTIFIED ADDICTION COUNSELOR

SPECIALIZED EDUCATION DOCUMENTATION:

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher in each of the following undergraduate or graduate level specialized education courses. 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
Introduction to the study of alcohol use and abuse						
Introduction to the study of drug use and abuse						
Alcohol and drug group counseling						
Ethics for the alcohol and drug professional						
Foundations of individual counseling						
Alcohol and drug treatment continuum						
Counseling families with alcohol or other drug issues						
Diverse populations						
Alcohol and drug specific elective						