



South Dakota  
Department of  
**Social Services**

**South Dakota Board of Addiction  
and Prevention Professionals**

1351 N. Harrison Ave.  
Pierre, SD 57501

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**Web:** <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**South Dakota Board of Addiction and Prevention Professionals  
Via Teleconference**

**Friday, February 11, 2022 – 9:00 AM CST**

Join Zoom Meeting

<https://us02web.zoom.us/j/88090901933?pwd=dUR0ejdkcjRMT0pmZnBrYWWhQaWR6UT09>

Meeting ID: 880 9090 1933

Passcode: 887219

Or Call 1-312-626-6799

**Proposed Meeting Agenda**

- 1) Call to Order
- 2) Approval of Agenda
- 3) Open Forum: *5 minutes for the public to address the Board*
- 4) Approval of Minutes: October 14, 2021
- 5) Approval of Financial Statement: January 31, 2022
- 6) Executive Session (Pursuant to SDCL 1-25-2(3) for consultation with legal counsel for consideration of proposed contested cases or litigation)
- 7) Old Business
  - a. AADC Credentialing
- 8) New Business
  - a. Office Update
  - b. Continuing Education
    - a. Preapproved Sponsors for Continuing Education
    - b. Extensions for Extenuating Circumstances
  - c. LAC/CAC/CPS Application Tracking Form
  - d. BAPP Complaint Form
  - e. IC&RC Remote Testing
- 9) Other Business
  - a. DSS Update
- 10) Announcements
  - a. Next Meeting Date: May 20, 2022
- 11) Adjourn

**South Dakota Board of Addiction and Prevention Professionals  
Via Videoconference  
October 14, 2021**

President Hartman called the meeting to order at 9:05 am central and determined a quorum.

**Board Members Present via Videoconference:** Nicole Bowen, Stacy Gorman, Kara Graveman, Amy Hartman, Lynne Hagen, Kristi Jacobsma, Donald McCoy, Kelsey Smith and Jill Viedt

**Board Members Absent:** None

**Others Present via Videoconference:** Jennifer Stalley, Executive Secretary; Karen Cudmore, administrative staff; Ryan Loker, Board Legal Counsel, Department of Social Services and Brenda Tidball-Zeltinger, Deputy Secretary, Department of Social Services

Motion to approve the proposed agenda by McCoy. Seconded by Gorman. **Motion carried.**

Hartman asked for comments from the public. There were no comments offered.

Motion to approve the meeting minutes of August 26, 2021 by Smith. Seconded by McCoy. **Motion carried.**

Motion to accept the financial report as of September 30, 2021 as presented by Gorman. Seconded by Hagen. **Motion carried.**

Tidball-Zeltinger thanked the Board for the opportunity to attend. She did not have any Department specific updates.

Stalley provided an office update. Stalley asked the Board members to seek out cultural awareness training opportunities. Any recommendations on courses can be shared with the Board office to share with other Board members. Stalley noted the practice act workgroup will meet before the next meeting to continue working on recommendations for changes. Stalley also provided an update on recent IC&RC staffing changes.

Cudmore provided overview of the online renewal system that will go into effect for the 2022 renewal process. Cudmore shared a preview of the format of the renewal and demonstrated the sign-on and payment options that will be available. The plan is to have the online renewal system available for January 2022 renewals. The online renewal system will need to be operational by December 1, 2021 to allow January 2022 renewals to be completed online. Paper renewal applications will be available but the Board office will highly encourage online renewals.

Motion to adopt a Continuing Education Proration policy that allows continuing education to be prorated in 6 month increments based on the date of initial licensure and the renewal date of the licensee by Bowen. Seconded by Hagen. **Motion carried.**

Stalley provided updated on records retention policy implementation. Board staff has identified incomplete and expired license files more than 20 years old. These files have been scanned to discs. Pursuant to the Board's records retention policy, the hard files will be destroyed by Board staff.

Cudmore provided an IC&RC Credentialing overview. Cudmore share a document showing the accepted credentials and exams by state and discussed how the differences between offered credentials and exams impacts licensees from another state applying for reciprocity in another state. Board staff recommends

accepting the IC&RC AADC examination for purposes of meeting licensure requirements as an LAC and applying for the AADC credential to be recognized for South Dakota by IC&RC.

Motion to accept the IC&RC AADC examination for purposes of meeting licensure requirements as an LAC and apply for the AADC credential to be recognized for South Dakota by IC&RC by Graveman. Seconded by McCoy. **Motion carried.**

Motion to revise the Standards Manual to reflect recent Board changes by Jacobmsa. Seconded by Bowen. **Motion carried.**

Motion to elect Hartman as President, Viedt as Vice President and Bowen as Secretary/Treasurer by Smith. Seconded by Graveman. There were no other nominations. **Motion carried.**

The Board's next meeting is scheduled for February 11, 2022 at 9:00 am (central) via teleconference.

Motion to adjourn by Bowen. Seconded by Jacobsma. **Motion carried.**

The Board adjourned at 10:30 am.

Respectfully Submitted,

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Nicole Bowen, Secretary

# Remaining Authority by Object/Subobject

Expenditures current through 01/29/2022 03:20:25 PM

SOCIAL SERVICES -- Summary

FY 2022 Version -- AS -- Budgeted and Informational

FY Remaining: 41.9 %

0894 Board of Addiction & Prevent Prof - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
<b>EMPLOYEE SALARIES</b>							
5101010 F-t Emp Sal & Wages	60,913	1,261	0	0	59,652		97.9
5101020 P-t/temp Emp Sal & Wages	24,577	0	0	0	24,577		100.0
5101030 Board & Comm Mbrs Fees	2,704	1,620	0	0	1,084		40.1
<b>Subtotal</b>	<b>88,194</b>	<b>2,881</b>	<b>0</b>	<b>0</b>	<b>85,313</b>		<b>96.7</b>
<b>EMPLOYEE BENEFITS</b>							
5102010 Oasi-employer's Share	7,208	218	0	0	6,990		97.0
5102020 Retirement-er Share	4,048	76	0	0	3,972		98.1
5102060 Health Insurance-er Share	27,579	174	0	0	27,405		99.4
5102080 Worker's Compensation	350	8	0	0	342		97.7
5102090 Unemployment Compensation	30	0	0	0	30		100.0
<b>Subtotal</b>	<b>39,215</b>	<b>476</b>	<b>0</b>	<b>0</b>	<b>38,739</b>		<b>98.8</b>
<b>51 Personal Services</b>							
<b>Subtotal</b>	<b>127,409</b>	<b>3,357</b>	<b>0</b>	<b>0</b>	<b>124,052</b>		<b>97.4</b>
<b>TRAVEL</b>							
5203030 Auto-priv (in-st.) H/rte	1,500	0	0	0	1,500		100.0
5203100 Lodging/in-state	1,006	0	0	0	1,006		100.0
5203120 Incidentals-travel-in St.	50	0	0	0	50		100.0
5203140 Meals/taxable/in-state	361	0	0	0	361		100.0
5203150 Non-taxable Meals/in-st	300	0	0	0	300		100.0
5203260 Air-comm-out-of-state	1,200	0	0	0	1,200		100.0
5203280 Other-public-out-of-state	125	0	0	0	125		100.0
5203300 Lodging/out-state	1,455	0	0	0	1,455		100.0
5203350 Non-taxable Meals/out-st	475	0	0	0	475		100.0
<b>Subtotal</b>	<b>6,472</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,472</b>		<b>100.0</b>
<b>CONTRACTUAL SERVICES</b>							
5204020 Dues & Membership Fees	2,448	1,773	0	0	675		27.6
5204050 Computer Consultant	625	0	0	0	625		100.0
5204080 Legal Consultant	16,830	0	0	0	16,830		100.0
5204090 Management Consultant	0	60,313	46,679	0	-106,992		0.0
5204130 Other Consulting	0	9,112	14,213	0	-23,325		0.0
5204160 Workshop Registration Fee	550	0	0	0	550		100.0
5204201 Central Services	4,726	1,178	0	0	3,548		75.1
5204203 Central Services	20	0	0	0	20		100.0
5204204 Central Services	154	243	0	0	-89		0.0

# Remaining Authority by Object/Subobject

Expenditures current through 01/29/2022 03:20:25 PM

SOCIAL SERVICES -- Summary

FY 2022 Version -- AS -- Budgeted and Informational

FY Remaining: 41.9 %

0894 Board of Addiction & Prevent Prof - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204207 Central Services	1,788	771	0	0	1,017	56.9	
5204460 Equipment Rental	2,800	0	0	0	2,800	100.0	
5204490 Rents-private Owned Prop.	11,478	0	0	0	11,478	100.0	
5204530 Telecommunications Srvc	2,100	0	0	0	2,100	100.0	
5204550 Garbage & Sewer	120	0	0	0	120	100.0	
5204590 Ins Premiums & Surety Bds	1,110	0	0	0	1,110	100.0	
5204960 Other Contractual Service	3,200	1,755	0	0	1,445	45.2	
<b>Subtotal</b>	<b>47,949</b>	<b>75,145</b>	<b>60,892</b>	<b>0</b>	<b>-88,088</b>	<b>0.0</b>	
<b>SUPPLIES &amp; MATERIALS</b>							
5205020 Office Supplies	1,250	63	0	0	1,187	95.0	
5205028 Office Supplies	0	364	0	0	-364	0.0	
5205300 Trophies & Awards	155	0	0	0	155	100.0	
5205310 Printing-state	0	183	0	0	-183	0.0	
5205328 Printing-commercial	1,000	0	0	0	1,000	100.0	
5205350 Postage	1,900	800	0	0	1,100	57.9	
<b>Subtotal</b>	<b>4,305</b>	<b>1,410</b>	<b>0</b>	<b>0</b>	<b>2,895</b>	<b>67.2</b>	
<b>CAPITAL OUTLAY</b>							
5207491 Telephone Equipment	175	0	0	0	175	100.0	
<b>Subtotal</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>175</b>	<b>100.0</b>	
<b>52 Operating</b>							
<b>Subtotal</b>	<b>58,901</b>	<b>76,555</b>	<b>60,892</b>	<b>0</b>	<b>-78,546</b>	<b>0.0</b>	
<b>Total</b>	<b>186,310</b>	<b>79,912</b>	<b>60,892</b>	<b>0</b>	<b>45,506</b>	<b>24.4</b>	

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS  
CASH CENTER BALANCE  
FOR MONTH ENDING 01-31-22**

[illegible]

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS  
REVENUE SUMMARY  
FOR MONTH ENDING 01-31-22**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	4920045			0894000	721		2022	07	\$ 718.75	\$ -
6503	4293020	0	0	0894000	721		2022	07	\$ 3,500.00	\$ 1,000.00
6503	4293021	0	0	0894000	721		2022	07	\$ 400.00	\$ -
6503	4293022	0	0	0894000	721		2022	07	\$ 300.00	\$ -
6503	4293030	0	0	0894000	721		2022	07	\$ 11,400.00	\$ 1,575.00
6503	4293031	0	0	0894000	721		2022	07	\$ 3,062.50	\$ 262.50
6503	4293032	0	0	0894000	721		2022	07	\$ 35,400.00	\$ 6,000.00
6503	4293033	0	0	0894000	721		2022	07	\$ 843.75	\$ 143.75
6503	4293034	0	0	0894000	721		2022	07	\$ 15,587.50	\$ 2,100.00
6503	4293035	0	0	0894000	721		2022	07	\$ 4,587.50	\$ 312.50
6503	4293040	0	0	0894000	721		2022	07	\$ 125.00	\$ -
6503	4293050	0	0	0894000	721		2022	07	\$ 420.00	\$ 80.00
6503	4293051	0	0	0894000	721		2022	07	\$ 400.00	\$ -
6503	4293054	0	0	0894000	721		2022	07	\$ 500.00	\$ 75.00
6503	4293055	0	0	0894000	721		2022	07	\$ 600.00	\$ -
									<b>\$ 77,845.00</b>	<b>\$ 11,548.75</b>

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS  
REVENUE DETAIL  
FOR MONTH ENDING 01-31-22**

		BDGT	GRANT	FUND		FISCAL	FISCAL	FISCAL	SOURCE		
COMP	ACCOUNT	YEAR	YEAR	CENTER	SRC	MONTH	DAY	YEAR	CODE	DESCRIPTION	AMOUNT
6503	4293020	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ (500.00)
6503	4293020	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 500.00
6503	4293020	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 500.00
6503	4293030	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 875.00
6503	4293032	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 1,600.00
6503	4293034	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 300.00
6503	4293035	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 37.50
6503	4293050	0	0	0894000	721	07	05	2022	C08220129(BAPP	C	\$ 40.00
6503	4293020	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ (250.00)
6503	4293020	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 250.00
6503	4293020	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 250.00
6503	4293030	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 525.00
6503	4293032	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 1,400.00
6503	4293034	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 1,200.00
6503	4293035	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 150.00
6503	4293054	0	0	0894000	721	07	12	2022	C08220142(BAPP	C	\$ 75.00
6503	4293020	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ (250.00)
6503	4293020	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 250.00
6503	4293020	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 250.00
6503	4293030	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 175.00
6503	4293031	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 262.50
6503	4293032	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 3,000.00
6503	4293033	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 143.75
6503	4293034	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 600.00
6503	4293035	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 125.00
6503	4293050	0	0	0894000	721	07	21	2022	C08220147(BAPP	C	\$ 40.00
											\$ 11,548.75

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS  
EXPENDITURE SUMMARY REPORT  
FOR MONTH ENDING 01-31-22**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	ACCOUNT DESCRIPTION	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	5101010	0	0	F-T EMP SAL & WAGES	0894000	721		2022	07	\$ 1,261.49	\$ 35.59
6503	5101030	0	0	BOARD & COMM MBRS FEES	0894000	721		2022	07	\$ 1,620.00	\$ -
6503	5102010	0	0	OASI-EMPLOYER'S SHARE	0894000	721		2022	07	\$ 217.87	\$ 2.64
6503	5102020	0	0	RETIREMENT-ER SHARE	0894000	721		2022	07	\$ 75.72	\$ 2.15
6503	5102060	0	0	HEALTH/LIFE INS.-ER SHARE	0894000	721		2022	07	\$ 173.74	\$ 4.93
6503	5102080	0	0	WORKER'S COMPENSATION	0894000	721		2022	07	\$ 8.07	\$ 0.30
6503	5102090	0	0	UNEMPLOYMENT COMPENSATION	0894000	721		2022	07	\$ 0.18	\$ 0.04
6503	5204020	0	0	DUES & MEMBERSHIP FEES	0894000	721		2022	07	\$ 1,772.50	\$ -
6503	5204090	0	0	MANAGEMENT CONSULTANT	0894000	721		2022	07	\$ 60,313.33	\$ 8,517.45
6503	5204130	0	0	OTHER CONSULTING	0894000	721		2022	07	\$ 9,112.00	\$ -
6503	5204201	0	0	BFM CENTRAL SERVICES	0894000	721		2022	07	\$ 1,178.13	\$ -
6503	5204204	0	0	RECORDS MGMT SERVICES	0894000	721		2022	07	\$ 243.00	\$ 78.00
6503	5204207	0	0	HUMAN RESOURCES SERVICES	0894000	721		2022	07	\$ 770.90	\$ -
6503	5204960	0	0	OTHER CONTRACTUAL SERVICE	0894000	721		2022	07	\$ 1,755.00	\$ 15.00
6503	5205020	0	0	OFFICE SUPPLIES	0894000	721		2022	07	\$ 63.44	\$ 13.98
6503	5205028	0	0	OFFICE SUPPLIES	0894000	721		2022	07	\$ 364.00	\$ -
6503	5205310	0	0	PRINTING-STATE	0894000	721		2022	07	\$ 183.08	\$ -
6503	5205350	0	0	POSTAGE	0894000	721		2022	07	\$ 799.78	\$ 102.45
										<b>\$ 79,912.23</b>	<b>\$ 8,772.53</b>

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS  
EXPENDITURE DETAIL REPORT  
FOR MONTH ENDING 01-31-22**

		BDGT	GRANT			FUND	SUB	FISCAL	FISCAL	FISCAL	SOURCE	VENDOR NUMBER/		CHECK	VENDOR	
COMP	ACCOUNT	YEAR	YEAR	CENTER	SRC	FUND	MONTH	DAY	YEAR	YEAR	CODE	INVOICE NUMBER		NUMBER	NAME	AMOUNT
6503	5101010	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 35.59
6503	5102010	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 2.64
6503	5102020	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 2.15
6503	5102060	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 4.93
6503	5102080	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 0.30
6503	5102090	0	0	0894000	721		07	03	2022		CGEX211230		C			\$ 0.04
6503	5204204	0	0	0894000	721		07	03	2022		RM212032	RECORDS MANAGEMENT BILLIN			0894	\$ 78.00
6503	5205350	0	0	0894000	721		07	13	2022		MS212035	CENTRAL MAIL SERVICES		C	0894	\$ 102.45
6503	5205020	0	0	0894000	721		07	13	2022		860671	1212441433347	0M	00100767212	JCPRINTING	\$ 13.98
6503	5204090	0	0	0894000	721		07	14	2022		861677	1219990222SC081011-DEC	0M	00100765709	MIDWESTSOL	\$ 8,517.45
6503	5204960	0	0	0894000	721		07	19	2022		863305	1220891053568	0M	00100767345	BADGERSTAT	\$ 15.00
															\$	8,772.53

BAPP Revenue Codes
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\$25.00	Application Materials	429301000
\$250.00	Application & Testing Fee	429302000
\$200.00	Retest Fee	429302100
\$150.00	Status Upgrade Fee	429302200
\$175.00	Annual Certification Renewal Fee	429303000
	Annual Dual Credentialed Renewal Fee	429303100
\$200.00	Annual Licensure Renewal Fee	429303200
	Annual Retirement Status Fee	429303300
\$150.00	Annual Trainee Renewal Fee	429303400
	Trainee Recognition Initial Fee	429303500
\$25.00	Continuing Educ Service Provider Fee	429304000
\$20.00	IC&RC Certificate	429305000
\$100.00	Mailing Labels	429305100
\$25.00	Portfolio Review Fee	429305400
\$150.00	Reinstatement Fee	429305500
\$15.00	Replacement Certificate	429305600
\$5.00	Replacement ID Card	429305700

CAC/CPS=262.50; LAC/CPS=287.50

CAC/CPS=87.50; LAC=100

PRORATED 12.50 per month



South Dakota  
Department of  
**Social Services**

**South Dakota Board of Addiction  
and Prevention Professionals**

PO Box 340

Pierre, SD 57501

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**Web:** [dss.sd.gov](http://dss.sd.gov)

**Email:** [bapp@midwestsolutionsd.com](mailto:bapp@midwestsolutionsd.com)

## **PRE-APPROVED SPONSORS FOR CONTINUING PROFESSIONAL TRAINING**

A counseling related training activity offered by any of the following sponsors is approved to provide continuing professional training that meets the requirements of [ASRD 20:80:08:04](#). No further approval is needed providing the sponsor's name appears on the certificate of attendance.

American Counseling Association
American Medical Association
American Psychological Association
Addiction Technology Transfer Center
Center for the Application of Prevention Technology; and federally sponsored programs
<a href="#">Hazelden Betty Ford Foundation</a>
International Certification & Reciprocity Consortium
National Association of Alcoholism & Drug Abuse Counselors
National Association of Social Workers
National Board for Certified Counselors
Substance Abuse & Mental Health Services Administration
South Dakota Association of Addiction and Prevention Professionals
South Dakota Board of Examiners for Counselors and Marriage and Family Therapists
South Dakota Board of Social Work Examiners
South Dakota Corrections Association
South Dakota Counseling Association
<a href="#">South Dakota Department of Corrections</a>
South Dakota Department of Health
South Dakota Department of Human Services
South Dakota Department of Social Services
Courses related to addiction counseling, behavioral health, or prevention services from accredited post-secondary institutions & evidenced by transcript
Other State Certification/Licensing Boards that credential Addiction Counselors and Prevention Specialists



## South Dakota Board of Addiction and Prevention Professionals

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

Ph: 605-224-1721 E-mail: [bapp@midwestsolutionssd.com](mailto:bapp@midwestsolutionssd.com)

Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

### Complaint Form

Please **type** or **print legibly** and return to the above address. Form must be **SIGNED**.

#### **PARTY MAKING THE COMPLAINT:**

NAME			PHONE NUMBER
ADDRESS			HOME
CITY	STATE	ZIP	CELL NUMBER
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?			YES NO

#### **PARTY AGAINST WHOM COMPLAINT IS MADE:**

NAME			DAYTIME PHONE
ADDRESS			
CITY	STATE	ZIP	
COUNSELOR LICENSE NUMBER (if known)			

#### **DETAILS OF COMPLAINT**

1. NATURE OF YOUR COMPLAINT (Check all that apply)			
<input type="checkbox"/> Standard of Care <input type="checkbox"/> Dual Relationship <input type="checkbox"/> Breach of confidentiality <input type="checkbox"/> Unlicensed practice <input type="checkbox"/> Violation of professional standards		<input type="checkbox"/> Practice beyond scope ( <i>training, education, expertise</i> ) <input type="checkbox"/> Other. Please describe: _____ _____	
2. HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR OFFICE?		YES	NO
IF YES, ON WHAT DATE AND BY WHAT MEANS: _____			
3. DID THE PERSON OR THE OFFICE RESPOND?		YES	NO
IF YES, WHAT WAS SAID OR DONE? _____			
4. WILL YOU, AS THE COMPLAINANT, WILLINGLY TESTIFY IF A HEARING SHOULD BE CALLED BY THE SD BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS FOR THE PURPOSE OF PRESSING CHARGES ARISING FROM THIS COMPLAINT? YES NO			

**STATE YOUR COMPLAINT:** (In the space below, please state clearly and specifically, all charges made against the party named above. Be it known, your complaint will be sent to the counselor named above for his/her response. **If more space is needed, please attach additional sheets of paper.**

DRAFT

I verify that I have read the foregoing complaint and the same is true to the best of my knowledge, information and belief. I hereby waive any right of confidentiality or privilege under state law, federal law or the law of the land. I specifically acknowledge and understand that the Board may disclose confidential and privileged information as the Board or its staff deem necessary to investigate and process this complaint. I understand that a copy of this complaint will be provided to the licensee.

---

Signature of Complainant

---

Date

**South Dakota Department of Social Services  
SD Board of Addiction and Prevention Professionals**

**CONFIDENTIALITY WAIVER & RELEASE OF INFORMATION**

I, the undersigned, hereby authorize and direct you to release to the South Dakota Board of Addiction and Prevention Professionals all health records and information, (including but not limited to: intake information, informed consent documents, notes, summaries, billing records, etc.) in your possession and control regarding \_\_\_\_\_ [NAME OF CLIENT] as may be required by the Board or its agent(s).

I understand that release of said information may include information regarding my diagnosis and treatment. I further understand that I may revoke this authorization at any time by notifying the Board in writing. I also understand that the information disclosed pursuant to this authorization may be subject to re-disclosure as necessary to resolve any complaint pending before the Board. I acknowledge that my refusal to sign this waiver and release may result in the Board, and/or its agents, determining that no review of any complaint filed with the Board shall be undertaken. This waiver and release shall be effective until written revocation of the same is received by the Board.

A copy of my signature on this release shall be authorization and direction to release such records and information as is appropriate for the review of any complaint filed with the Board. If the complaint involves a minor, this release must be signed by the minor's parent or legal guardian, and authorizes the release of the minor's mental health records to the Board and its agent(s). A copy of this waiver and release carries the same weight and authority as the original.

I also hereby consent to the release of my identity and records to agents of the Board involved in the investigation, other state licensing boards, and law enforcement agencies as necessary.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Check one)    ☐ Client    ☐ Parent/Guardian



December 28, 2021

Jennifer Stalley  
SD Board of Addiction and Prevention Professionals  
PO Box 340  
1351 N. Harrison  
Pierre, SD 57501

Dear Ms. Stalley,

I am pleased to inform you that the application to offer the Advanced Alcohol and Drug Counselor (AADC) credential, through the South Dakota Board of Addiction and Prevention Professionals (BAPP), has been approved. The Board may offer the credential, within your jurisdiction, immediately.

The Board has the opportunity to utilize the grandparenting period. During this period, candidates may earn the credential without taking the IC&RC AADC examination. However, candidates must meet all other credential requirements.

This grandparenting period must be completed within two years of today's date (December 21, 2023). Within that two-year period, the Board may use no more than 6 months to give candidates the opportunity to apply for the credential. The 6 months do not need to be consecutive. There is a \$35.00 fee for every individual who is grand parented. Please note, you are under no obligation to grandparent any professionals. You must submit your grandfathering dates and time frames for approval to IC&RC prior to any grandfathering.

Within 10 business days following your grandfathering end dates and time frame, the Board must submit an official list of grand parented individuals to IC&RC (Tina@internationalcredentialing.org). An invoice will be generated and sent to reflect the \$35.00 grandparenting fee, based on the number of individuals grand parented.

If you have any questions, please do not hesitate to reach out.

Congratulations on approval to offer the new credential!

Kind Regards,

*Mark Attanasi*

Mark Attanasi  
Executive Director  
International Certification and Reciprocity Consortium (IC&RC)

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](mailto:bapp@midwestsolutionssd.com)  
Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**ATTACHMENT C: ADDICTIONS COUNSELOR TRAINEE  
SUPERVISION TRACKING FORM**

**TRAINEE NAME:** \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_

**ACT SUPERVISOR NAME (one supervisor per tracking form):** \_\_\_\_\_ CAC LAC

**Agency where completed:** \_\_\_\_\_

**Required: Documentation of 300 hundred hours of supervised practical training in the 12 Core Functions, with a minimum of ten hours in each core function.**

20:80:06 Clinical Supervision

20:80:06:01 Supervision must include a minimum of one hour of supervision for every ten hours of client contact. The methods that may be used are intensive case review and discussion utilizing direct observation of a practitioner in action via videotape, direct live observation of sessions, co-counseling, process recordings, simulations, role playing, direct or indirect observation of clinical practice via case presentations, verbatim case reviews, quality care reviews, and other methods consistent with providing supervisory services.

Supervision must be face-to-face whenever possible. Not more than 50 percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

20:80:06:04 The supervision of an ACT by a CAC or LAC must include a minimum of eight contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required. The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A trainee may not be supervised by a relative.

Twelve Core Functions

- |                |                        |                              |
|----------------|------------------------|------------------------------|
| 1. Screening   | 5. Treatment Planning  | 9. Client Education          |
| 2. Intake      | 6. Counseling          | 10. Referral                 |
| 3. Orientation | 7. Case Management     | 11. Reports & Record Keeping |
| 4. Assessment  | 8. Crisis Intervention | 12. Consultation             |

**ORIGINAL TRACKING FORMS MUST BE SUBMITTED WITH YOUR TESTING APPLICATION**

1. Complete tracking form electronically. Handwritten forms not permissible.
2. Minimum of 300 supervision hours
  - a. 1 hour for every 8 hours direct client contact
3. Supervision must include a minimum of 10 hours in each of the 12 Core Functions.
4. Addiction Counselor Trainee and ACT Supervisor sign final page.

## ATTACHMENT C: ADDICTIONS COUNSELOR TRAINEE SUPERVISION TRACKING FORM

[illegible]

## ATTACHMENT C: ADDICTIONS COUNSELOR TRAINEE SUPERVISION TRACKING FORM

[illegible]

Date of Supervision	Brief Explanation of Supervision	Supervision Type F – Face-to-Face O – Other	Core Functions Addressed (See # above)	Total Number of Hours
			TOTAL	

**Core Functions total hours:**

- |                              |                                     |
|------------------------------|-------------------------------------|
| _____ (1) Screening          | _____ (7) Case Management           |
| _____ (2) Intake             | _____ (8) Crisis Intervention       |
| _____ (3) Orientation        | _____ (9) Client Education          |
| _____ (4) Assessment         | _____ (10) Referral                 |
| _____ (5) Treatment Planning | _____ (11) Reports & Record Keeping |
| _____ (6) Counseling         | _____ (12) Consultation             |

**Supervision Hours Total:** \_\_\_\_\_

*I declare and affirm under the penalties of perjury that this Tracking Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that misstatement of material fact may result in denial of my application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.*

\_\_\_\_\_  
Addictions Counselor Trainee Signature      Date

\_\_\_\_\_  
ACT Supervisor Signature      Date