



South Dakota
Department of
Social Services

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

1351 N. Harrison Ave.

Pierre, SD 57501

Phone: 605.224.1721

Email: bapp@midwestsolutionssd.com

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

South Dakota Board of Addiction and Prevention Professionals

Via Teleconference

Thursday, February 4, 2021 – 10:30 AM CST

Join the Meeting via Zoom

<https://us02web.zoom.us/j/81728606798?pwd=NGRjaFYyYlliUUtsWVhqYVlpRnBwZz09>

Meeting ID: 817 2860 6798

Passcode: 637156

Or call 1-312-626-6799

Proposed Meeting Agenda

- 1) Call to Order
- 2) Welcome and Introductions
- 3) Approval of Agenda
- 4) Open Forum: *5 minutes for the public to address the Board*
- 5) Approval of Minutes: November 12, 2020
- 6) Approval of Financial Statement: December 31, 2020
- 7) Old Business
 - a. Great Plains American Indian Credentialing Board/BAPP Memorandum of Understanding
- 8) New Business
 - a. Office Update
 - a. Renewal Certificates and Receipts
 - b. Testing Frequency for Licensure
 - c. Board Standards Manual and Code of Ethics
 - d. 2021 Legislation
 - e. Complaint Review Process
 - f. Application Review Process
 - g. Statutes and Rules Review Process
 - h. Form Review Process
 - b. Proposed ACT Application and Renewal Forms
 - c. Proposed Revisions to Pre-Approved Continuing Professional Training Sponsors
 - d. Online Database Option
- 9) Announcements
 - a. Next Meeting May 6, 2021
- 10) Adjourn

**South Dakota Board of Addiction and Prevention Professionals
Via Videoconference
November 12, 2020**

President Hartman called the meeting to order at 10:32 am central and determined a quorum.

Board Members Present via Videoconference: Nicole Bowen, Stacy Gorman, Kara Graveman, Amy Hartman, Kristi Jacobsma, Donald McCoy, Jill Viedt and Terri Brown

Board Members Absent: Ellen Feiner

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

Motion to approve the proposed agenda by Graveman. Seconded by Viedt. The Board voted by roll call. Hartman, Viedt, Bowen, Gorman, Graveman, Jacobsma, McCoy voted aye. Brown was absent. **Motion carried.**

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

Motion to approve the meeting minutes of August 6, 2020 and September 3, 2020 by Gorman. Seconded by Jacobsma. The Board voted by roll call. Hartman, Viedt, Bowen, Gorman, Graveman, Jacobsma, McCoy voted aye. Brown was absent. **Motion carried.**

Motion to accept the financial report as of October 31, 2020 by McCoy. Seconded by Jacobsma. The Board voted by roll call. Hartman, Viedt, Bowen, Gorman, Jacobsma, McCoy voted aye. Brown and Graveman were absent. **Motion carried.**

Stalley provided update on Great Plains American Indian Credentialing Board/BAPP Memorandum of Understanding. Based on ongoing conversations between the Board and the Great Plains American Indian Credentialing Board, the Board deferred action of the MOU while conversations continue.

Motion to elect Hartman as President, Viedt as Vice President and Bowen as Secretary/Treasurer by Jacobsma. Seconded by Graveman. The Board voted by roll call. Hartman, Viedt, Bowen, Gorman, Graveman, Jacobsma, McCoy voted aye. Brown was absent. **Motion carried.**

Motion to go into executive session for consideration of contested cases and contractual matters at 10:50 am by Bowen. Seconded by Viedt. The Board voted by roll call. Hartman, Viedt, Bowen, Gorman, Graveman, Jacobsma, McCoy voted aye. Brown was absent. **Motion carried.**

Hartman declared the Board out of executive session at 2:41 pm.

Motion to enter into a contract with Midwest Solutions, Inc. to provide executive services for the Board by Gorman. Seconded by Bowen. The Board voted by roll call. Hartman, Viedt, Bowen, Brown, Gorman, Graveman, Jacobsma, McCoy voted aye. **Motion carried.**

The Board's next meeting is scheduled for February 4, 2021 via teleconference.

Motion to adjourn by Graveman. Seconded by Bowen. The Board voted by roll call. Hartman, Viedt, Bowen, Brown, Gorman, Graveman, Jacobsma, McCoy voted aye. **Motion carried.**

The Board adjourned at 2:49 pm.

Respectfully Submitted,

Nicole Bowen, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 01/02/2021 03:20:52 PM

SOCIAL SERVICES -- Summary

FY 2021 Version -- AS -- Budgeted and Informational

FY Remaining: 49.3 %

0894 Board of Addiction & Prevent Prof - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining		AVL
EMPLOYEE SALARIES							
5101010 F-t Emp Sal & Wages	59,480	16,960	0	0	42,520		71.5
5101020 P-t/temp Emp Sal & Wages	23,999	0	0	0	23,999		100.0
5101030 Board & Comm Mbrs Fees	2,641	1,320	0	0	1,321		50.0
Subtotal	86,120	18,280	0	0	67,840		78.8
EMPLOYEE BENEFITS							
5102010 Oasi-employer's Share	6,941	1,345	0	0	5,596		80.6
5102020 Retirement-er Share	4,048	590	0	0	3,458		85.4
5102060 Health Insurance-er Share	29,850	2,252	0	0	27,598		92.5
5102080 Worker's Compensation	350	102	0	0	248		70.9
5102090 Unemployment Compensation	30	17	0	0	13		43.3
Subtotal	41,219	4,306	0	0	36,913		89.6
51 Personal Services							
Subtotal	127,339	22,586	0	0	104,753		82.3
TRAVEL							
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
Subtotal	6,472	0	0	0	6,472		100.0
CONTRACTUAL SERVICES							
5204020 Dues & Membership Fees	2,448	0	0	0	2,448		100.0
5204050 Computer Consultant	625	199	0	0	426		68.2
5204080 Legal Consultant	16,830	4,023	211	0	12,596		74.8
5204090 Management Consultant	0	21,571	3,429	0	-25,000		0.0
5204160 Workshop Registration Fee	550	0	0	0	550		100.0
5204201 Central Services	4,726	2,190	0	0	2,536		53.7
5204203 Central Services	20	0	0	0	20		100.0
5204204 Central Services	154	49	0	0	105		68.2

Remaining Authority by Object/Subobject

Expenditures current through 01/02/2021 03:20:52 PM

SOCIAL SERVICES -- Summary

FY 2021 Version -- AS -- Budgeted and Informational

FY Remaining: 49.3 %

0894 Board of Addiction & Prevent Prof - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
5204207 Central Services	1,788	333	0	0	1,455	81.4	
5204460 Equipment Rental	2,800	970	0	0	1,830	65.4	
5204490 Rents-private Owned Prop.	11,478	4,817	0	0	6,661	58.0	
5204530 Telecommunications Srves	2,100	1,102	0	0	998	47.5	
5204550 Garbage & Sewer	120	11	0	0	109	90.8	
5204590 Ins Premiums & Surety Bds	1,110	0	0	0	1,110	100.0	
5204960 Other Contractual Service	3,200	1,500	0	0	1,700	53.1	
Subtotal	47,949	36,765	3,640	0	7,544	15.7	
SUPPLIES & MATERIALS							
5205020 Office Supplies	1,250	629	0	0	621	49.7	
5205080 Hardware Supplies	0	22	0	0	-22	0.0	
5205300 Trophies & Awards	155	0	0	0	155	100.0	
5205310 Printing-state	0	184	0	0	-184	0.0	
5205328 Printing-commercial	1,000	0	0	0	1,000	100.0	
5205350 Postage	1,900	763	0	0	1,137	59.8	
5205980 Procurement Card Purchase	0	391	0	0	-391	0.0	
Subtotal	4,305	1,989	0	0	2,316	53.8	
CAPITAL OUTLAY							
5207491 Telephone Equipment	175	0	0	0	175	100.0	
Subtotal	175	0	0	0	175	100.0	
52 Operating							
Subtotal	58,901	38,754	3,640	0	16,507	28.0	
Total	186,240	61,340	3,640	0	121,260	65.1	

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
CASH CENTER BALANCE
FOR MONTH ENDING 12-31-20**

[illegible]

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
REVENUE SUMMARY
FOR MONTH ENDING 12-31-20**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	4293020	0	0	0894000	721		2021	06	\$ 3,800.00	\$ 750.00
6503	4293030	0	0	0894000	721		2021	06	\$ 10,850.00	\$ 1,750.00
6503	4293031	0	0	0894000	721		2021	06	\$ 2,887.50	\$ 837.50
6503	4293032	0	0	0894000	721		2021	06	\$ 29,300.00	\$ 6,000.00
6503	4293033	0	0	0894000	721		2021	06	\$ 743.75	\$ -
6503	4293034	0	0	0894000	721		2021	06	\$ 13,425.00	\$ 2,525.00
6503	4293035	0	0	0894000	721		2021	06	\$ 3,960.00	\$ 1,025.00
6503	4293040	0	0	0894000	721		2021	06	\$ 150.00	\$ -
6503	4293050	0	0	0894000	721		2021	06	\$ 680.00	\$ 140.00
6503	4293051	0	0	0894000	721		2021	06	\$ 400.00	\$ 100.00
6503	4293054	0	0	0894000	721		2021	06	\$ 275.00	\$ 125.00
6503	4293055	0	0	0894000	721		2021	06	\$ 750.00	\$ -
6503	4293057	0	0	0894000	721		2021	06	\$ 5.00	\$ -
6503	4920045			0894000	721		2021	06	\$ 1,040.38	\$ -
									\$ 68,266.63	\$ 13,252.50

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
REVENUE DETAIL
FOR MONTH ENDING 12-31-20**

		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	06	10	2021	C08210107(BAPP	C	\$ (500.00)
6503	4293020	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 500.00
6503	4293020	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 500.00
6503	4293030	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 525.00
6503	4293032	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 800.00
6503	4293034	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 1,037.50
6503	4293035	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 637.50
6503	4293050	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 20.00
6503	4293051	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 100.00
6503	4293054	0	0	0894000	721	06	10	2021	C08210107(BAPP	C	\$ 50.00
6503	4293030	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ (875.00)
6503	4293030	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 875.00
6503	4293030	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 875.00
6503	4293030	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ (175.00)
6503	4293030	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 175.00
6503	4293030	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 175.00
6503	4293031	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 550.00
6503	4293032	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 3,400.00
6503	4293032	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 1,400.00
6503	4293034	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 900.00
6503	4293034	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 587.50
6503	4293035	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 387.50
6503	4293050	0	0	0894000	721	06	16	2021	C08210112(BAPP	C	\$ 60.00
6503	4293050	0	0	0894000	721	06	18	2021	C08210115(BAPP	C	\$ 60.00
6503	4293020	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ (250.00)
6503	4293020	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 250.00
6503	4293020	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 250.00
6503	4293030	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 175.00
6503	4293031	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 287.50
6503	4293032	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 400.00
6503	4293054	0	0	0894000	721	06	28	2021	C08210119(BAPP	C	\$ 75.00
											\$ 13,252.50

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
EXPENDITURE SUMMARY REPORT
FOR MONTH ENDING 12-31-20**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	ACCOUNT DESCRIPTION	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	5205350	0	0	POSTAGE	0894000	721		2021	06	\$ 763.31	\$ 116.61
6503	5205980	0	0	PROC CARD PURCH-APPROVED	0894000	721		2021	06	\$ 391.14	\$ -
6503	5101010	0	0	F-T EMP SAL & WAGES	0894000	721		2021	06	\$ 16,960.07	\$ -
6503	5101030	0	0	BOARD & COMM MBRS FEES	0894000	721		2021	06	\$ 1,320.00	\$ 840.00
6503	5102010	0	0	OASI-EMPLOYER'S SHARE	0894000	721		2021	06	\$ 1,345.40	\$ 64.26
6503	5102020	0	0	RETIREMENT-ER SHARE	0894000	721		2021	06	\$ 590.48	\$ -
6503	5102060	0	0	HEALTH/LIFE INS.-ER SHARE	0894000	721		2021	06	\$ 2,251.90	\$ -
6503	5102080	0	0	WORKER'S COMPENSATION	0894000	721		2021	06	\$ 101.76	\$ -
6503	5102090	0	0	UNEMPLOYMENT COMPENSATION	0894000	721		2021	06	\$ 16.95	\$ -
6503	5204050	0	0	COMPUTER CONSULTANT	0894000	721		2021	06	\$ 198.99	\$ -
6503	5204080	0	0	LEGAL CONSULTANT	0894000	721		2021	06	\$ 4,023.30	\$ -
6503	5204090	0	0	MANAGEMENT CONSULTANT	0894000	721		2021	06	\$ 21,570.87	\$ 7,893.00
6503	5204201	0	0	BFM CENTRAL SERVICES	0894000	721		2021	06	\$ 2,190.45	\$ 1,056.81
6503	5204204	0	0	RECORDS MGMT SERVICES	0894000	721		2021	06	\$ 48.80	\$ -
6503	5204207	0	0	HUMAN RESOURCES SERVICES	0894000	721		2021	06	\$ 332.53	\$ -
6503	5204460	0	0	EQUIPMENT RENTAL	0894000	721		2021	06	\$ 969.82	\$ 195.53
6503	5204490	0	0	RENTS-PRIVATE OWNED PROP.	0894000	721		2021	06	\$ 4,816.65	\$ -
6503	5204530	0	0	TELECOMMUNICATIONS SRVCS	0894000	721		2021	06	\$ 1,101.91	\$ 239.26
6503	5204550	0	0	GARBAGE & SEWER	0894000	721		2021	06	\$ 10.78	\$ -
6503	5204960	0	0	OTHER CONTRACTUAL SERVICE	0894000	721		2021	06	\$ 1,500.00	\$ -
6503	5205020	0	0	OFFICE SUPPLIES	0894000	721		2021	06	\$ 629.10	\$ 346.21
6503	5205080	0	0	HARDWARE SUPPLIES	0894000	721		2021	06	\$ 21.57	\$ -
6503	5205310	0	0	PRINTING-STATE	0894000	721		2021	06	\$ 183.77	\$ -
										\$ 61,339.55	\$ 10,751.68

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
EXPENDITURE DETAIL REPORT
FOR MONTH ENDING 12-31-20**

[illegible]

MEMORANDUM OF AGREEMENT

This *Memorandum of Agreement* (hereinafter “MOA”) is entered into by and between the South Dakota Board of Addiction and Prevention Professionals (hereinafter “SD BAPP”) and the Great Plains American Indian Credentialing Board (hereinafter “GPAICB”).

I. PARTIES.

The parties to this MOA are the aforementioned SD BAPP and the aforementioned GPAICB.

II. PURPOSE.

The parties to this MOA recognize and mutually agree that they are both Professional Licensing Boards actively involved in the credentialing, licensing, and discipline of certain Alcohol and Drug Abuse Addiction and Prevention Counselors. The parties additionally recognize and mutually agree that there is a substantial overlap in the duties performed by the parties in their shared capacities as Professional Licensing Boards. Resultingly, the parties recognize and mutually agree that it is in the best interest of both parties to enter into this MOA for the purpose of memorializing the intent of the parties to cooperate with each other in furtherance of the shared objectives, goals, and duties of both parties.

III. DETAILS OF THE AGREEMENT.

- A) The parties shall cooperate with each other and participate in the reasonable exchange of information with one another, including information related to the current licensure status and standing of licensees currently credentialed by either party.
- B) Inasmuch as it is practicable for both parties to do so, the aforementioned licensure status and standing information shall be made available in real time, via an online database or website that is also available for viewing by the public.
- C) Per relevant South Dakota and Tribal Laws, the aforementioned licensure status and standing information shall not include information regarding pending licensee discipline matters.
- D) The parties shall maintain mutually respectful professional relationships with each other, including but not limited to relationships between board members, staff, and employees.
- E) Upon the execution of this agreement, the SD BAPP will engage with GPAICB in discussions surrounding matters involving cultural sensitivity training for its board members, in a manner to be determined and agreed upon between both the SD BAPP and GPAICB.
- F) The terms of this MOA may be modified, extended, or cancelled upon written request of either party.
- G) The parties recognize, agree, and stipulate that this MOA does not create a contractual relationship between the parties, does not represent the intent to create a contractual relationship between the parties, and is entered into specifically for the purpose identified above.

BY:

GPAICB

Name:

Title:

SD BAPP

Name:

Title:

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 ADDICTION COUNSELOR TRAINEE RECOGNITION

Please submit:

- 1) Completed application;
- 2) Verification of high school, general education diploma **OR** post-secondary institution transcripts
- 3) Prorated Addiction Counselor Trainee Recognition fee. (\$12.50-\$150.00)

CHECK ONE:

	Initial Trainee Recognition - for applicants who have never applied for trainee recognition or held status with the BAPP before.
	Reapplication for Trainee Recognition - for applicants whose trainee status previously lapsed, but who are still within their 5-year trainee recognition period. You must show proof of completion of three of the required courses for either certification or licensure before being allowed to reapply for trainee status.

Note: Trainee Recognition status is granted for a maximum of five years.

ADDICTION COUNSELOR TRAINEE INFORMATION

Name: _____

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

Birth Date: _____ Social Security Number: _____

Preferred Phone: _____

Preferred Email: _____

ADDICTION COUNSELOR TRAINEE CURRENT EMPLOYMENT *(Note - Trainees are not permitted to establish their own Independent Practice.)*

Agency Name: _____

Agency Address: _____ City: _____

Job Title: _____

Supervisor's Name: _____ Credentials: _____

EDUCATIONAL AND ACADEMIC DATA

Addiction Counselor Trainee recognition is available to persons with a minimum of a high school/general education diploma (GED) OR post-secondary institution who are working in the addictions field. **Please mark one:**

☐ High School or General Education Diploma issued by: _____ Date: _____
Diploma or transcripts must be included with application.

☐ Post-secondary institution attended: _____ Date: _____
Unofficial or official transcripts must be sent to the Board or included with application.

If Post-secondary marked above, complete College/University information below:

Name of Institution	City, State	Degree(s) Earned or Pursuing (AA, BA, MA etc.)	Date or Expected Date Conferred	Major Course of Study

Trainee Recognition status will be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the International Certification & Reciprocity Consortium (IC&RC) examination before their 5-year recognition period ends.

Acknowledge and initial you have read and agree with the following statement:

_____ I understand that I must complete all academic and work experience requirements for either certification (Certified Addiction Counselor (CAC)) or licensure (Licensed Addiction Counselor (LAC)) and successfully pass the International Certification & Reciprocity Consortium (IC&RC) national examination within 5 years of my original Addiction Counselor Trainee certification.

The burden of proof for all requirements rests with the applicant. The academic and work experience qualifications can be found in SDCL 36-34 and ARSD 20:80.

AUTHORIZATION AND RELEASE OF INFORMATION

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). This information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal. This includes any crimes of offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' Form is included with this application.*)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional certificate or license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional certificate/license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny,

suspend, or revoke trainee recognition, certification, or licensure status, and may result in administrative, civil, or criminal legal action.

☐ **By checking this box, I hereby attest that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to certify that the information contained herein is correct and true, you will need to provide the Board with a written explanation.**

PROFESSIONAL CODE OF ETHICS *(The Code of Ethics and Standards of Practice can be viewed and/or printed at: <https://dss.sd.gov/docs/licensing/bapp/standards-manual.pdf>)*

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification, licensure, or trainee recognition. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The Code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board.

The Code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practice, and behavior.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under your care. When there is evidence that another professional is violating an ethical standard, whether obvious or perceived, you have a responsibility to report the unethical conduct to the BAPP.

I understand and subscribe to the professional Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

☐ **By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.**

Clinical Supervisor Code of Ethics

The Clinical Supervisor must complete and sign this page

The Code of Ethics and Standards of Practice can be viewed and/or printed at:

<https://dss.sd.gov/docs/licensing/bapp/standards-manual.pdf>

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical supervision embraces a potential ethical vulnerability; therefore, clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

Clinical Supervisors shall uphold the Code of Ethics and Standards of Practice; and, have a responsibility to adhere to “Principle VII: Supervision and Consultation”, to ensure that Trainees receive the supervision necessary for professional development.

I affirm, understand and will adhere to the Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of trainees recognized by the BAPP and/or disciplinary actions and sanctions against my credential as an Addiction Counselor or Prevention Specialist.

☐ **By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.**

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Supervisor's Printed Name _____

Supervisor's Job Title _____

Credential: CAC ____ LAC ____

Agency Phone: _____

Agency Name: _____

Signature of Supervisor

Date

LEGAL QUESTIONS (If you answer yes to any question below, please provide a separate written explanation.) Since the date of your last renewal or issuance of your trainee recognition certificate:

___YES ___NO Have you ever been convicted, pled no contest/nolo contendere, 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 contendere, 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?

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

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.

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Decline to Provide |

RECOGNITION FEE Please include a personal check, cashier's check, certified check or money order made payable to BAPP for the prorated amount:

☐ \$_____ Prorated Addiction Counselor Trainee Recognition Fee*

**The initial recognition fee is prorated at a rate of \$12.50 per month from the month of the application to the last day of the month of your birth. Please calculate the fee beginning with the month of application to the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).*

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, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A TRAINEE RECOGNITION STATUS, CERTIFICATION 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 prorated recognition fee to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

Board Use Only:

ACT Recognition Fee \$ _____ Check number _____ DSS Code _____ Date _____
Transcripts received _____ DB _____

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>

Renewal Application for Addiction Counselor Trainee

Please submit:

- 1) Completed application;
- 2) \$150 Addiction Counselor Trainee Renewal fee.

ADDICTION COUNSELOR TRAINEE INFORMATION

Name: _____

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

Preferred Phone: _____

Preferred Email: _____

Birth Month: _____ My 5-year ACT status ends: _____

ADDICTION COUNSELOR TRAINEE CURRENT EMPLOYMENT *(Note - Trainees are not permitted to establish their own Independent Practice.)*

Agency Name: _____

Agency Address: _____ City: _____

Job Title: _____ Supervisor's Name: _____

ACKNOWLEDGEMENT OF ACADEMIC AND WORK EXPERIENCE REQUIREMENTS

Acknowledge and initial you have read and agree with the following statement:

_____ I understand that I must complete all academic and work experience requirements for either certification (Certified Addiction Counselor (CAC)) or licensure (Licensed Addiction Counselor (LAC)) and successfully pass the International Certification & Reciprocity Consortium (IC&RC) national examination within 5 years of my original Addiction Counselor Trainee certification.

The burden of proof for all requirements rests with the applicant. The academic and work experience qualifications can be found in SDCL 36-34 and ARSD 20:80.

AUTHORIZATION AND RELEASE OF INFORMATION

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). This information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal. This includes any crimes or offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' Form is included with this application.*)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional certificate or license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional certificate/license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny,

suspend, or revoke trainee recognition, certification, or licensure status, and may result in administrative, civil, or criminal legal action.

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Supervisor's Printed Name _____

Supervisor's Job Title _____

Credential: CAC ____ LAC ____ Agency Phone: _____

Agency Name: _____

Signature of Supervisor

Date

LEGAL QUESTIONS *(If you answer yes to any question below, please provide a separate written explanation.)* Since the date of your last renewal or issuance of your trainee recognition certificate:

___ YES ___ NO Have you ever been convicted, pled no contest/nolo contendere, 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 contendere, 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?

RENEWAL APPLICATION FEE Please include a personal check, cashier's check, certified check or money order made payable to BAPP for the applicable amount:

☐ \$150 Addiction Counselor Trainee Renewal fee

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, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A TRAINEE RECOGNITION STATUS, CERTIFICATION 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 renewal fee to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

Board Use Only:

ACT Renewal Fee \$ _____ Check number _____ DSS Code _____ Date _____
DB _____



South Dakota
Department of
Social Services

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

PO Box 340

Pierre, SD 57501

Phone: 605.224.1721

Web: dss.sd.gov

Email: bapp@midwestsolutionsd.com

PRE-APPROVED SPONSORS FOR CONTINUING PROFESSIONAL TRAINING

A counseling related training activity offered by any of the following sponsors is approved for continuing professional training. 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
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
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

For any other training activities, the attendee needs to complete and submit the 'Request for Approval of Continuing Professional Training' form.

Organization sponsors or presenters not listed above, can request approval by completing and submitting the 'Educational Provider Status Agreement' form, along with the 'Request for Approval of Continuing Professional Training' form, and the \$25 service provider fee. (The service provider fee is not required for 'free' training activities.)

The Request for Approval of Continuing Professional Training can be downloaded from the BAPP website at <https://dss.sd.gov/licensingboards/bapp/forms.aspx>. Requests must be submitted within 30 days before or after the activity is held.