



South Dakota
Department of
Social Services

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

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Pierre, SD 57501

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South Dakota Board of Addiction and Prevention Professionals

Monday, June 17, 2024 – 10:30 AM CDT

Department of Social Services Conference Room

700 Governors Drive, Pierre, SD

Proposed Meeting Agenda - BOARD

- 1) Call to Order
- 2) Approval of Agenda
- 3) Open Forum: *5 minutes for the public to address the Board*
- 4) Approval of Minutes: April 15, 2024
- 5) Approval of Financial Statement: May 31, 2024
- 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. Adoption of Findings of Fact and Conclusions of Law and Final Order in the Consolidated Matter of Complaint Nos. 2023-07, 2023-08, 2023-07-36-1C and 2023-08-36-1c
 - b. Administrative Rule Change Discussion
 - a. Regulation of ACT/PSTs
 1. Accredited Agencies versus Contracted Agencies versus Private Practices
 - b. Supervision Requirements
 - c. Academic and Work Requirements - Hours
 - d. LAC Upgrade Requirements
 - e. Examinations
 - f. Minimum Education Requirements
 - g. Scope of Practice Definitions
- 8) New Business
 - a. Revised Applications
 - a. ACT/PST Application with Attachment A (Supervisors)

- b. ACT/PST Supervision and Work Experience Tracking Form
- c. CAC/LAC/CPS Applications
- d. Retesting Application
- b. National Examinations for Level of Certification or Licensure
- c. IC&RC Membership/Examinations
- d. Acceptance of Courses from National Addiction Studies Accreditation Commission
- e. Renewal of Executive Services Contract
- f. Renewal of Albertson Consulting Contract

9) Other Business

- a. Office Update
- b. DSS Update

10) Announcements

- a. Next Board Meeting: September 6, 2024 at 9:00 am (CT) via zoom

11) Adjourn

South Dakota Board of Addiction and Prevention Professionals
Via Videoconference
April 15, 2024

President Viedt called the meeting to order at 9:02 a.m. central and determined a quorum.

Board Members Present via Videoconference: Jill Viedt, Nicole Bowen, Kelsey Smith, Jodi Hepperle, Kristi Jacobsma, Kari Johnston, Tiffany Kashas, and Kari Termansen.

Others Present via Videoconference: Jennifer Stalley, Executive Secretary; Natalie Young, administrative staff; Court Roper, Board Legal Counsel, Department of Social Services; Shale Kramme, Assistant Attorney General; Tracy Mercer, Department of Social Services.

Motion to approve the proposed agenda by Kashas. Seconded by Smith. **Motion carried.**

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

Motion to approve the meeting minutes of December 1, 2023, by Kashas. Seconded by Jacobsma. **Motion carried.** Hepperle, Johnston, Termansen abstain.

Motion to accept the March 31, 2024 financial report as presented by Bowen. Seconded by Smith. **Motion carried.**

Motion to move to adopt the Internal Complaint Process Procedure by Kashas. Seconded by Jacobsma. **Motion carried.**

Motion to go into executive session for consideration of contested cases at 9:51 a.m. by Smith. Seconded by Johnston. **Motion carried.**

Viedt declared the Board out of executive session at 10:35 a.m.

Motion to consolidate Complaint Nos. 2023-07 and 2023-08 and find the licensee violated 36-1C-3 by failing to respond to the complaints and failed to renew her renewal certification while a complaint was pending, both violations which shall be reported to the National Practitioners Database, and the licensee is ineligible for certification or licensure for at least 1 year as a result of these violations by Smith. Seconded by Bowen. **Motion carried.** Jacobsma recused.

Motion to dismiss Complaint 2023-11 by Kashas. Seconded by Johnston. **Motion carried.** Jacobsma recused.

Motion to move Complaint 2024-01 to a hearing by Viedt. Seconded by Smith. **Motion carried.** Jacobsma recused.

Motion to dismiss Complaint 2024-02 by Jacobsma. Seconded by Bowen. **Motion carried.** Viedt recused.

Motion to dismiss Complaint 2024-04 by Smith. Seconded by Kashas. **Motion carried.**

The Board discussed possible changes to administrative rules regarding the regulation of ACTs and PSTs, supervision requirements for certified alcohol counselors and upgrade options. The Board will revisit these discussions at the next meeting.

Termansen was appointed by Viedt to serve on the course review committee.

Motion to accept courses from CACREP accredited addictions programs without the need for a course review by Kashas. Seconded by Hepperle. **Motion carried.**

Stalley reminded the Board about upcoming national meetings.

Mercer provided a brief update on the status of board appointments. The Board has one vacant position for a lay person.

Motion to set the next Board meeting for June 17, 2024, at 10:30 a.m. (central) in Pierre by Jacobsma. Seconded by Smith. **Motion carried.**

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

The Board adjourned at 11:28 a.m.

Respectfully Submitted,

Nicole Bowen, Vice President

Remaining Authority by Object/Subobject

Expenditures current through 06/01/2024 12:20:24 PM

SOCIAL SERVICES -- Summary

FY 2024 Version -- AS -- Budgeted and Informational

FY Remaining: 8.2 %

0894 Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
Board of Addiction & Prevent Prof - Info						
EMPLOYEE SALARIES						
5101010 F-t Emp Sal & Wages	5,103	0	0	0	5,103	100.0
5101030 Board & Comm Mbrs Fees	3,066	1,620	0	0	1,446	47.2
Subtotal	8,169	1,620	0	0	6,549	80.2
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	1,111	124	0	0	987	88.8
5102020 Retirement-er Share	555	0	0	0	555	100.0
5102060 Health Insurance-er Share	711	0	0	0	711	100.0
5102080 Worker's Compensation	388	0	0	0	388	100.0
5102090 Unemployment Compensation	33	0	0	0	33	100.0
Subtotal	2,798	124	0	0	2,674	95.6
51 Personal Services						
Subtotal	10,967	1,744	0	0	9,223	84.1
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	1,875	0	0	573	23.4
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	117,825	107,311	13,027	0	-2,513	0.0
5204130 Other Consulting	0	0	5,500	0	-5,500	0.0
5204160 Workshop Registration Fee	550	0	0	0	550	100.0
5204201 Central Services	4,726	3,015	0	0	1,711	36.2
5204203 Central Services	20	0	0	0	20	100.0
5204204 Central Services	154	359	0	0	-205	0.0
5204207 Central Services	1,788	576	0	0	1,212	67.8

Remaining Authority by Object/Subobject

Expenditures current through 06/01/2024 12:20:24 PM

SOCIAL SERVICES -- Summary

FY 2024 Version -- AS -- Budgeted and Informational

FY Remaining: 8.2 %

0894	Board of Addiction & Prevent Prof - Info					PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
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	1,765	0	0	-655	0.0
5204960 Other Contractual Service	3,200	4,800	0	0	-1,600	0.0
Subtotal	165,774	119,701	18,527	0	27,546	16.6
SUPPLIES & MATERIALS						
5205020 Office Supplies	1,250	168	0	0	1,082	86.6
5205300 Trophies & Awards	155	0	0	0	155	100.0
5205310 Printing-state	0	420	0	0	-420	0.0
5205328 Printing-commercial	1,000	0	0	0	1,000	100.0
5205350 Postage	1,900	2,070	0	0	-170	0.0
Subtotal	4,305	2,658	0	0	1,647	38.3
CAPITAL OUTLAY						
5207491 Telephone Equipment	175	0	0	0	175	100.0
Subtotal	175	0	0	0	175	100.0
52 Operating						
Subtotal	176,726	122,359	18,527	0	35,840	20.3
Total	187,693	124,103	18,527	0	45,063	24.0

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
REVENUE SUMMARY
FOR MONTH ENDING 05-31-24**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	FUND CENTER	SUB SRC	FISCAL FUND	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	4293020	0	0	0894000	721	2024	11	\$ 4,709.91	\$ (33.63)
6503	4293021	0	0	0894000	721	2024	11	\$ 400.00	\$ -
6503	4293022	0	0	0894000	721	2024	11	\$ 150.00	\$ -
6503	4293023	0	0	0894000	721	2024	11	\$ 100.00	\$ -
6503	4293030	0	0	0894000	721	2024	11	\$ 31,500.00	\$ -
6503	4293031	0	0	0894000	721	2024	11	\$ 800.00	\$ -
6503	4293032	0	0	0894000	721	2024	11	\$ 111,750.00	\$ (50.00)
6503	4293034	0	0	0894000	721	2024	11	\$ 4,100.00	\$ -
6503	4293035	0	0	0894000	721	2024	11	\$ 5,210.00	\$ -
6503	4293040	0	0	0894000	721	2024	11	\$ 300.00	\$ -
6503	4293050	0	0	0894000	721	2024	11	\$ 160.00	\$ -
6503	4293054	0	0	0894000	721	2024	11	\$ 50.00	\$ -
6503	4293055	0	0	0894000	721	2024	11	\$ 600.00	\$ -
6503	4293110	0	0	0894000	721	2024	11	\$ 2,900.00	\$ 450.00
6503	4293130	0	0	0894000	721	2024	11	\$ 3,850.00	\$ 600.00
6503	4293134	0	0	0894000	721	2024	11	\$ 300.00	\$ -
6503	4293135	0	0	0894000	721	2024	11	\$ 5,700.00	\$ 1,200.00
6503	4293140	0	0	0894000	721	2024	11	\$ 400.00	\$ -
6503	4293155	0	0	0894000	721	2024	11	\$ 300.00	\$ -
6503	4293155	5	0	0894000	721	2024	11	\$ 150.00	\$ -
6503	4293310	0	0	0894000	721	2024	11	\$ 400.00	\$ 50.00
6503	4293320	0	0	0894000	721	2024	11	\$ 2,000.00	\$ 200.00
6503	4293332	0	0	0894000	721	2024	11	\$ 3,850.00	\$ 350.00
6503	4293350	5	0	0894000	721	2024	11	\$ 2,150.00	\$ 350.00
6503	4293355	5	0	0894000	721	2024	11	\$ 250.00	\$ -
6503	4293410	0	0	0894000	721	2024	11	\$ 100.00	\$ -
6503	4293432	0	0	0894000	721	2024	11	\$ 750.00	\$ -
6503	4293455	5	0	0894000	721	2024	11	\$ 50.00	\$ -
6503	4293510	0	0	0894000	721	2024	11	\$ 500.00	\$ 50.00
6503	4293520	0	0	0894000	721	2024	11	\$ 1,400.00	\$ 200.00
6503	4293521	0	0	0894000	721	2024	11	\$ 200.00	\$ -
6503	4293522	0	0	0894000	721	2024	11	\$ 300.00	\$ -
6503	4293532	0	0	0894000	721	2024	11	\$ 25,200.00	\$ 400.00
6503	4293550	0	0	0894000	721	2024	11	\$ 100.00	\$ -
6503	4293550	5	0	0894000	721	2024	11	\$ 2,200.00	\$ -
6503	4293555	5	0	0894000	721	2024	11	\$ 700.00	\$ -
6503	4293632	0	0	0894000	721	2024	11	\$ 400.00	\$ -
6503	4920045			0894000	721	2024	11	\$ 1,464.06	\$ -
								\$ 215,443.97	\$ 3,766.37

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
EXPENDITURE SUMMARY REPORT
FOR MONTH ENDING 05-31-24**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	ACCOUNT DESCRIPTION	CENTER	FUND SRC	SUB FUND	FISCAL YEAR	FISCAL MONTH	YTD AMOUNT	MTD AMOUNT
6503	5204020	0	0	DUES & MEMBERSHIP FEES	0894000	721		2024	11	\$ 1,875.00	\$ -
6503	5204090	0	0	MANAGEMENT CONSULTANT	0894000	721		2024	11	\$ 107,310.92	\$ 9,574.06
6503	5204130	0	0	OTHER CONSULTING	0894000	721		2024	11	\$ -	\$ -
6503	5204201	0	0	BFM CENTRAL SERVICES	0894000	721		2024	11	\$ 3,015.08	\$ -
6503	5204204	0	0	RECORDS MGMT SERVICES	0894000	721		2024	11	\$ 358.50	\$ -
6503	5204207	0	0	HUMAN RESOURCES SERVICES	0894000	721		2024	11	\$ 575.66	\$ -
6503	5204590	0	0	INS PREMIUMS & SURETY BDS	0894000	721		2024	11	\$ 1,764.72	\$ 1,764.72
6503	5204960	0	0	OTHER CONTRACTUAL SERVICE	0894000	721		2024	11	\$ 4,800.00	\$ 500.00
6503	5205020	0	0	OFFICE SUPPLIES	0894000	721		2024	11	\$ 167.50	\$ 66.36
6503	5205310	0	0	PRINTING-STATE	0894000	721		2024	11	\$ 420.20	\$ -
6503	5205350	0	0	POSTAGE	0894000	721		2024	11	\$ 2,069.83	\$ 101.24
6503	5101030	0	0	BOARD & COMM MBRS FEES	0894000	721		2024	11	\$ 1,620.00	\$ 480.00
6503	5102010	0	0	OASI-EMPLOYER'S SHARE	0894000	721		2024	11	\$ 123.93	\$ 36.72
										\$ 124,101.34	\$ 12,523.10

**BOARD OF ADDICTION AND PREVENTION PROFESSIONALS
EXPENDITURE DETAIL REPORT
FOR MONTH ENDING 05-31-24**

COMP	ACCOUNT	BDGT YEAR	GRANT YEAR	CENTER	FUND SRC	SUB FUND	FISCAL MONTH	FISCAL DAY	FISCAL YEAR	SOURCE CODE	VENDOR NUMBER/ INVOICE NUMBER	CHECK NUMBER	VENDOR NAME	AMOUNT	
6503	5101030	0	0	0894000	721		11	01	2024	CGEX240426	C			\$ 480.00	
6503	5102010	0	0	0894000	721		11	01	2024	CGEX240426	C			\$ 36.72	
6503	5204090	0	0	0894000	721		11	08	2024	525280	1219990224SC081011-APR	0M	00100911819	MIDWESTSOL	\$ 9,574.06
6503	5204590	0	0	0894000	721		11	10	2024	CS403017	CYBER SECURITY BILLING UPL		0810		\$ 225.72
6503	5204590	0	0	0894000	721		11	10	2024	PE403017	PEPL GENERAL LIABILITY BILL		0810		\$ 1,539.00
6503	5204960	0	0	0894000	721		11	13	2024	528745	120199789609	0M	00100912036	ICRCAODAIN	\$ 500.00
6503	5205020	0	0	0894000	721		11	13	2024	528746	1212441447073	010M	00100912446	JCOFFICESU	\$ 66.36
6503	5205350	0	0	0894000	721		11	15	2024	MS404033	CENTRAL MAIL SERVICES	C	0894		\$ 101.24
														\$ 12,523.10	

\$125 in April expenses paid and posted to cash in May.

THE SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

IN THE MATTER OF CERTIFIED ADDICTION COUNSELOR LICENSING STATUS OF TANYA JANES (22061912)	Case Nos. 2023-07-36-1C & 2023- 08-36-1C STATE'S PROPOSED FINDINGS OF FACT AND CONCLUSIONS OF LAW
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Two initial complaints (2023-07 and 2023-08) were filed with the South Dakota Board of Addiction and Prevention Professionals (hereinafter “the Board”) against Tanya Janes, CAC (hereinafter “Janes”) alleging Janes acted unprofessionally in violation of SDCL 36-34-21(4) and ARSD 20:80:01:05. Janes then failed to provide information requested by the Board in the investigation of these two complaints constituting violations of SDCL 36-1C-3 and SDCL 36-34-21(9). Consequently, two formal complaints (2023-07-36-1C and 2023-08-36-1C) were filed with the Board against Janes. These complaints were duly investigated by the Board, and it was determined that the nature of the complaints warranted the holding of an adversarial administrative hearing pursuant to the authority and jurisdiction granted to the Board by SDCL Chapter 36-34, and the applicable rules of the State of South Dakota.

On April 15, 2024, said hearing was held and conducted via ZOOM teleconferencing platform. Janes did not appear at the hearing. The interests of the State of South Dakota at the hearing were represented by Assistant Attorney General, Shale R. Kramme. A quorum of the Board was present, and the Board’s General Counsel, Court Roper served as Hearing Officer.

Based on the evidence presented, the Board makes the following:

FINDINGS OF FACT

1. On June 20, 2023, the Board staff received the first initial complaint (2023-07) regarding Janes's unprofessional conduct.
2. On June 22, 2023 the Board staff received a second initial complaint (2023-08) regarding Janes's unprofessional conduct.
3. The initial complaints allege that while working as certified addiction counselor (CAC), Janes engaged in unprofessional conduct.
4. On July 5, 2023, a letter was sent by certified mail to Janes's address on file notifying her of the first complaint and that a response was required from her regarding this incident due within 20 days of receipt.
5. On July 10, 2023, Cole Lomon signed for the letter.
6. On July 10, 2023, a letter which was sent by certified mail to Janes's address on file notifying her of the second complaint and that a response was required from her regarding this incident due within 20 days of receipt.
7. On August 14, 2023, Janes signed for the letter.
8. Janes failed to respond to the any of the initial complaints within twenty business days of their receipt.
9. Due to Janes's failure to respond to the two initial complaints, Formal Complaints (Case Nos. 23-08-36-1C and 23-08-36-1C) were entered against her in each file.

10. On October 16, 2023, letters were sent to Janes's address on file notifying her of the two Formal Complaints and that responses were required from her regarding this incident due within 20 days of receipt.

11. The Board investigator did not receive a response from Janes.

12. As of the hearing that took place on April 15, 2023, the Board investigator had not received a response from Janes.

13. Janes no longer maintains an certified addiction counselor (CAC) certification with the State of South Dakota but was certified at the time of the alleged conduct and at the time the initial complaint was submitted to the Board.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to the provisions of SDCL 36-34.
2. The Board has the authority to investigate complaints of violations of SDCL 36-1C-3, SDCL 36-34-21(4), and SDCL 36-34-21(9), and ARSD 20:80:01:05.
3. The Board concludes, via the evidence introduced, that Janes's conduct that is the subject of this complaint did violate SDCL 36-1C-3, SDCL 36-34-21(4), and SDCL 36-34-21(9), and ARSD 20:80:01:05.
4. The Board has both jurisdiction, and cause, to enter Janes's failure to respond to the initial and Formal Complaints into the National Practitioner Data Bank.

5. Any Finding of Fact or Conclusion of Law that has been improperly designated is hereby redesignated and incorporated into the appropriate section.

Dated this ____ day of _____, 2024.

BY THE BOARD OF ADDICTION AND PREVENTION
PROFESSIONALS

Jill Viedt, President

ATTEST:

Jennifer Stalley, Executive Secretary

THE BOARD OF ADDICTION PREVENTION PROFESSIONALS
STATE OF SOUTH DAKOTA

IN THE MATTER OF:)	CASE NOS. 2023-07-36-1C & 2023-
)	08-36-1C
TANYA JANES, CAC#22061912)	
)	PROPOSED FINAL ORDER
Respondent.)	

The above captioned matter came before the Board of Addiction Prevention Professionals on Friday, April 15, 2023, pursuant to a hearing held on Case Nos. 2023-07-36-1C and 2023-08-36-1C, for entering Janes's failure to respond to the Board's investigations into the National Practitioner Data Bank. Janes did not appear at the hearing. Board staff was present and represented by Assistant Attorney General Shale R. Kramme. After being otherwise fully informed of the facts and issues pertinent to Case Nos. 2023-07-36-1C and 2023-08-36-1C, the Board has ordered Janes's failure to respond to the Board's investigations to be entered into the National Practitioner Data Bank. Because the Board ordered Janes's failure to respond to the Board's investigations in Case Nos. 2023-07-36-1C and 2023-08-36-1C to be entered into the National Practitioner Data Bank, the Board issues the following:

It is hereby

ORDERED that Janes's failure to respond to the Board's investigations in Case Nos. 2023-07-36-1C and 2023-08-36-1C be entered into the National Practitioner Data Bank. It is further

ORDERED that this Order is a public record of the Board and the State of South Dakota and shall be published on the Board's website and reported as necessary to all other entities deemed appropriate by the Board in compliance with State and Federal Law.

SIGNATURE PAGE TO FOLLOW

Dated this ____ day of _____, 2024.

BY THE BOARD OF ADDICTION AND PREVENTION
PROFESSIONALS

Jill Viedt, President

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 TRAINEE RECOGNITION
ADDICTION COUNSELOR OR PREVENTION SPECIALIST

Please submit:

- 1) Completed application;
- 2) Verification of high school/general education diploma **OR** post-secondary institution transcripts;
- 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 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 an Addiction Counselor Trainee (ACT) 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 Agency DSS Accredited: ___ Yes ___ No

Attachment 1 Completed: ___ Yes ___ No Attachment 1 must be completed and submitted directly to the Board by the proposed supervisor.

EDUCATION

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. Unofficial or official transcripts must be sent to the Board or included with the application.

Please select one:

High School or General Education Diploma

Issued by: _____ Date: _____

Post-secondary degree

***If post-secondary is selected, please provide information:**

Name of Institution	City, State	Degree earned/pursuing	Confer date	Major/Course of Study

Trainee recognition may be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for either Certified Addiction Counselor (CAC), Licensed Addiction Counselor (LAC), or Certified Prevention Specialist (CPS) and successfully pass the national examination for certification or licensure before their 5-year trainee recognition period ends. 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.

By checking this box, I hereby attest that I have read and agree with the following statement: I understand that I must complete all academic and work experience requirements for either certification or licensure and successfully pass the national examination within five years of my original Trainee certification. Failure to do so results in work experience hours being nullified.

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 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?

___ YES ___ NO Have you previously made application for trainee recognition, certification, or licensure to this Board?

OTHER LICENSES

___ YES ___ NO Do you currently hold a valid license to practice addiction counseling in another state?

State: _____ Date issued: _____

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@midwestsolutionsd.com.

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

CODE OF ETHICS

The South Dakota Board of Addiction and Prevention Professionals recognizes the NAADAC/NCC AP Code of Ethics. The Code of Ethics is available on the Board's website, or you may request a copy from the Board's office. You are required to abide by this Code of Ethics. You are subject to discipline, up to revocation of your trainee status, for violation of the Code of Ethics.

By checking this box, I hereby attest that I have read and will comply with the NAADAC/NCC AP Code of Ethics as adopted by the South Dakota Board of Addiction and Prevention Professionals.

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 (SDCL 36-34) AND ADMINISTRATIVE RULES (ARSD 20:80) REGULATING THE LICENSE OR CERTIFICATION APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Applicant Signature

Date

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: Check # _____ Amount _____ Date _____

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>

ATTACHMENT 1: Proposed Supervisor for Trainee Recognition

To be completed and submitted by the proposed supervisor. No supervised work experience hours can accrue until a completed application is approved for the Trainee.

PROPOSED TRAINEE INFORMATION

Trainee Name: _____ Type of Trainee: ___ ACT ___ PST

Name of Agency: _____ Phone: _____

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

Agency DSS Accredited: ___ Yes ___ No

PROPOSED SUPERVISOR INFORMATION

Supervisor Name: _____

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

E-mail: _____ Phone: _____

License type: ___ CAC ___ LAC ___ CPS

Certificate/License Number: _____ Certificate/License Issue date: _____

ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES

Please acknowledge the following statements by marking the appropriate answer to each statement.

- 1) ___ Yes ___ No I agree to serve as a Supervisor for the proposed Trainee.
- 2) ___ Yes ___ No I acknowledge the Supervisor duties and requirements that I must follow, including the required hours of supervision as outlined by South Dakota administrative rules.
- 3) ___ Yes ___ No I will follow the NAADAC/NCC AP Code of Ethics as a Supervisor.
- 4) ___ Yes ___ No I agree to notify the Board, in writing, of the completion or termination of addiction counselor trainee supervision within **14 days** of the completion or termination of the supervision.

I attest to the fact the information I have provided above is true and accurate; that if approved, I am responsible for this applicant's supervised work experience as documented on this Attachment 1, and compliant with the South Dakota codified laws and administrative rules.

Supervisor's Signature

Date

Scan and send completed form to bapp@midwestsolutionssd.com or mail to address above.

To be completed and submitted directly to the Board by each Supervisor.
bapp@midwestsolutionsd.com

Attachment A – Supervisor Evaluation

The trainee named below is applying for certification/licensure to practice addictions counseling in the State of South Dakota. The South Dakota Board of Addiction and Prevention Professionals requires submission of information by the ACT/PST supervisor or accredited agency, to verify the candidate's supervised work experience.

TRAINEE INFORMATION

Trainee Name: _____ Agency: _____

ACT SUPERVISOR INFORMATION

Name of ACT/PST Supervisor: _____ LAC ___ CAC ___ CPS

As required by South Dakota Law and Administrative Rules, I attest to the following statements:

I attest to the fact the above Supervisee completed the minimum 3000 hours of work experience.
 Supervisor's Initials _____

I attest that one hour of supervision took place for every 10 hours of work experience by the Supervisee.
 Supervisor's Initials _____

I attest to the fact that (10 CAC & LAC; 50 CPS) hours of each of the required supervision methods took place during supervision. Supervisor's Initials _____

Screening: _____ Hours	Case Management _____ Hours
Intake: _____ Hours	Crisis Intervention _____ Hours
Orientation _____ Hours	Client Education _____ Hours
Assessment _____ Hours	Referral _____ Hours
Treatment Planning _____ Hours	Reports & Record Keeping _____ Hours
Counseling _____ Hours	Consultation _____ Hours

I attest I held an active license during the entirety of this supervision period. Supervisor's Initials _____

Attachment A – Continued

Trainee Name: _____

Accredited Agency Location: _____

Tracking Form Summary

Dates of ACT/PST Supervision by this supervisor Start (mm/dd/yy) * _____

End (mm/dd/yy) _____

Work Experience*

Number of Work Experience hours acquired by electronic means: _____

Number of Work Experience hours acquired in person: _____

Total number of Work Experience hours supervised during this period: _____

Supervision Hours**

Total number of supervision hours acquired: _____

Total number of supervision hours: _____

"I attest to the fact these hours are true and accurate." **Supervisor's Initials** _____

*If a supervisee is pursuing certification/licensure no more than 50 percent of the required supervision hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

I attest to the fact the information I have provided above is true and accurate; that I was responsible for this applicant's supervision as documented on this Attachment XX, supervision took place within the requirements of South Dakota laws and administrative rules and that we were compliant with the South Dakota laws and administrative rules.

Supervisor's Signature

Date

Scan and send completed form to bapp@midwestsolutionsd.com.

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: sdbce@midwestsolutionsd.com
Website: <https://dss.sd.gov/licensingboards/counselors/counselors.aspx>

ADDICTION COUNSELOR TRAINEE /PREVENTION SPECIALIST TRAINEE

Supervision and Work Experience Tracking Form

Applicant Name: _____

ACT Certificate Number: _____ Agency: _____

Supervisor (one supervisor per tracking form): _____ CAC LAC CPS

Required: Documentation of a minimum of 300 hours of supervised practical training in the 12 Core Functions, with a minimum of 10 hours (50 hours for PST) in each core function.

Required Supervision

Supervision must include a minimum of one hour of supervision for every 10 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. **No more than 50 percent** of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Supervision of an ACT/PST

The supervision of an ACT/PST by a CAC or LAC or CPS 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 | 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 |

ORIGINAL TRACKING FORMS MUST BE SUBMITTED WITH YOUR TESTING APPLICATION

TRAINEE – SUPERVISION TRACKING FORM

Applicant Name: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours <i>In-person</i>	Number of Work Experience Hours <i>Electronic</i>	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
List work experience date	Provide a brief explanation of the methods that were provided	8,000 – HS 6,000 – Associates 4,000- Bachelor's 2,000- Master's Minimum 15		1 hour per 10 hours of Work Experience	Individual or Electronic	What Supervision Method was used? List (1)-(12)
10/8/2020	Description here.	15	5	1	Individual	a

TRAINEE – SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours <i>In-person</i>	Number of Work Experience Hours <i>Electronic</i>	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
List supervision date 10/8/2020	Provide a brief explanation of the services that were provided Description here.	See above for minimum 15	5	1 hour per 10 hours of Work Experience 1	Individual or Electronic Individual	What Supervision Method was used? (1)-(12) a

TRAINEE – SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours <i>In-person</i>	Number of Work Experience Hours <i>Electronic</i>	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
List supervision date	Provide a brief explanation of the services that were provided	See above for minimum		1 hour per 10 hours of Work Experience	Individual or Electronic	What Supervision Method was used? List (1)-(12)
10/8/2020	Description here.	15	5	1	Individual	a

TRAINEE – SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours In-person	Number of Work Experience Hours Electronic	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
List supervision date	Provide a brief explanation of the services that were provided	See above for minimum		1 hour per 10 hours of Work Experience	Individual or Electronic	What Supervision Method was used? List (1)-(12)
10/8/2020	Description here.	15	5	1	Individual	a

HOUR TOTALS		Work Experience In-Person	Work Experience Electronic	Supervision total	
--------------------	--	------------------------------	-------------------------------	----------------------	--

Work Experience Hours: _____ (in-person) + _____ (electronic)= _____

Supervision Hours Total: _____

Method totals:

- | | | |
|------------------------|--------------------------|--------------------------------|
| _____ (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 |

I declare and affirm under the penalties of perjury that this Trainee 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.

Trainee Signature

Date

Supervisor Signature

Date

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 LICENSED ADDICTION COUNSELOR (LAC)

This is an application for Licensed Addiction Counselor (LAC) in South Dakota. Passage of the Advanced Alcohol and Drug Counselor(AADC) exam through IC&RC is required prior to licensure.

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, if applicable;
- 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) Nonrefundable \$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 to document your required supervision.

REQUIRED EDUCATION

Name of 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@midwestsolutionsd.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@midwestsolutionsd.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 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?

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 Advanced Alcohol and Drug Counselor (AADC)

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, OMISSIONS, 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

DRAFT

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

**ATTACHMENT 2 EDUCATIONAL AND ACADEMIC REQUIREMENTS
LICENSED 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. A minimum of five 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						
Clinical Supervision						
Multicultural Competency						

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
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Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

APPLICATION FOR RETESTING

This is an application for retesting in South Dakota. Three attempts are permitted to retest.

Please submit:

1. Completed application;
2. Nonrefundable \$200.00 Application & Retesting fee.

APPLICANT INFORMATION

Name: _____ Trainee Number: _____

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

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

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

RETESTING INFORMATION

Exam Type: _____ ADC _____ AADC _____ PS

Date of Attempt #1: _____ Date of Attempt #2: _____

An applicant who does not successfully pass the examination after the third attempt must apply for trainee status and meet the current educational standards, and supervision and work requirements for the license or certificate at the time of reapplication.

RETESTING 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.

\$200 Retesting fee

For Office Use Only:

License Fee Check number _____ Amount _____ Date _____