



GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD

PO BOX 1916
RAPID CITY, SD 57709
PHONE: 605-515-6080
EMAIL: gpaicb.sd7@gmail.com

APPLICATION FOR COUNSELOR TRAINEE STATUS

A check or money order must accompany this application made payable to:

Great Plains American Indian Credentialing Board

Check One	Certification	Renewal Fee
	Alcohol & Drug Counselor – Trainee	\$150.00
	Alcohol & Drug Counselor – Trainee Renewal	\$150.00

PERSONAL DATA

Name: _____
 First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

CURRENT EMPLOYMENT - ****Submit a copy of your current job description****

Agency Name: _____

Mailing Address: _____

Job Title: _____

Name of NACC/CCDC Supervisor: _____

STATISTICAL INFORMATION

Gender:	Ethnicity:	
____ Male	____ American Indian	____ Caucasian
	____ Hispanic/Latino	____ Asian/Pacific Islander
____ Female	____ African American	____ Other



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SUPERVISION DATA

(Must be completed by your Clinical Supervisor)

PERSONAL DATA

Name: _____
 First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

CURRENT EMPLOYMENT - **Submit a copy of your current job description**

Agency Name: _____

Mailing Address: _____

Job Title: _____

Certification Level: _____ Certification Number: _____

Other Licenses: _____ License Number: _____

Education/Experience

Education Level: _____

Years of Experience in the field: _____

Years of experience in Clinical Supervision: _____



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EDUCATION/ACADEMIC DATA

High School Attended: _____

Date of Graduation: _____

GED: _____ Date: _____

Where Issued: _____

College/University

Name	Location	Enrolled From	Enrolled To	Degree(s) Earned

Specialized Education Documentation

List all specialized education courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

Requirements	Name of College or University	Prefix-Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS212	Study of Alcohol	3	Fall 1995	B
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Foundations of Individual Counseling						
Alcohol & Drug Group Counseling						
Alcohol & Drug Treatment Continuum						
Professional Ethics for the CD Counselor						
Counseling Families with Alcohol and other Drug Issues						
Cultural Competency						
CD-Specific Electives						



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GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD AUTHORIZATIONS AND RELEASE

I hereby attest that I have not been convicted of, plead guilty, or not contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a conviction, and/or pled guilty or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any certifying or licensing authority in this or any other state.

I hereby authorize any agency, facility, organization or individual to release any and all information necessary to fully and properly evaluate my application before the Great Plains Native American Credentialing Board (GPAICB). The GPAICB reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the Great Plains Native American Credentialing Board, its Board of Directors, its officers, its employees and any agency, facility, organization, or individual from any and all manner of suits, actions, claims and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the GPAICB can deny or revoke certification, trainee recognition or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true and that I understand the application and these authorization and releases.

Print name the way you would like it to appear on your certificate

Signature

Date



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SUPERVISORS CODE OF ETHICS

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

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor's Code of Ethics. 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.

The Clinical Supervisor Professional Code of Ethical conduct is derived from the above ethical principles and is designed to help ensure that Counselor Trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make a reasonable effort to ensure that my services are used appropriately.
2. That I shall maintain professional relationships and not exploit the trust and dependency of Trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
3. That I shall be willing when it is in the best interest of the Trainee, to release or refer them to another program or supervisor.
4. That I shall protect the unique confidentiality concerns, abide by 42CFR 2, and state laws within the parameters of supervision.
5. That I shall respect and guard confidences of trainees and restrict disclosure to information for professional purposes with regard for agency personnel policies and existing law and regulation.
6. That I shall maintain those records necessary to provide an accurate assessment of the trainees abilities and training needs and to record that supervision has been provided in accordance with the GPAICB policies and procedure, and the tribe, state and federal laws. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain federal, state and tribal laws and regulation, and professional standards governing the conduct of research
9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
10. That I shall accurately represent my professional education, training and qualifications to trainees and agencies to enable an informed selection of professional services.
11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

I affirm, understand and will adhere to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with the GPAICB policies and procedure as outlined in the Standards Manual and the laws of the State of South Dakota, tribal laws and federal laws. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of Trainees recognized by the GPAICB and/or my certification as a Native American Addiction Counselor.

Signature

Date



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PROFESSIONAL CODE OF ETHICS

The Professional Code of Ethics applies equally to all Certified Counselors, Counselor Trainees and individuals in the process of applying for certification. The Great Plains American Indian Credentialing Board (GPAICB) believes that all people have the rights and responsibilities through every stage of human development. The goal of the GPAICB is for addiction professionals to treat everyone with the dignity, honor and reverence that is fitting to them.

The Professional Code of Ethics entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles.

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of the clients and to assist them to help themselves.
3. That, at all times I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the clients, to release or refer them to another program or individual.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for the institutional policies and managements functions within agencies and institutions, but I take the initiative towards improving such policies if it will best serve the interest of the clients.
9. That I have commitment to assess my own personal strengths, limitations, biases and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. I have responsibility for appropriate behavior in all areas of my professional and private life to provide a positive role model especially in regard to the personal use of alcohol or other drugs.
11. That I have responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons who are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have regard for an individual's needs and rights to equal protection and due process.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health and safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

- By checking this box, I hereby understand and subscribe to the preceding professionals code of ethics and understand that any violations of the principles will be grounds for disciplinary actions and sanctions.

Counselor Name

Date



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Child Support Verification

The Great Plains American Indian Credentialing Board request authorization to verify child support compliance from applicant for an Alcohol & Drug Counselor.

Name: _____

Address: _____

Phone Number: _____ Social Security Number: _____

By signing below, I authorize the Child Support Enforcement Division of the Department of Social Services, its employees or agents, to share below requested information about my child support to the Great Plains American Indian Credentialing Board.

Signature: _____ Date: _____

The above named individual is:

- Payments ARE being made under their Child Support Obligation
- Payments ARE NOT being made under their Child Support Obligation

DSS Authorized Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Once form is completed; please return to Dee Le Beau-Hein, GPAICB Administrator to GPAICB.SD@gmail.com or mail to PO BOX 1916, Rapid City, SD 57709. Thank you for your time!