



GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD

PO BOX 1916
 RAPID CITY, SD 57709
 PHONE: 605-593-5009
 EMAIL:GPAICB.SD@GMAIL.COM

APPLICATION FOR CERTIFICATION RENEWAL

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 – Level I	\$200.00
	Alcohol & Drug Counselor – Level II	\$200.00
	Alcohol & Drug Counselor – Level III	\$200.00

Certification Track (pick one): Academic Track Experience Track

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

(This information is used for statistical purposes and is necessary to establish your ICRC testing identification number.)

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



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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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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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STATEMENT OF FELONY CHARGES

All felony charges must be disclosed to the Great Plains American Indian Credentialing Board (GPAICB). Felony charges include being convicted of pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal or military court or tribunal and include any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information may, stand along, provide, sufficient grounds to deny, revoke, suspend or refuse certification, recertification, trainee recognition, trainee renewal, or student internship status.

I have had a felony charge filed against me. Yes _____ No _____

If you answered "Yes", please provide detailed information below.

Date Charges were Filed: _____

Charges that were Filed: _____

The Disposition:

The Sentence of Fine:

State why you feel this felony charge does not affect your ability to effectively work in the chemical dependency field:

Signature of Professional

Date



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CONTINUING EDUCATION/TRAINING REPORT FORM

Use this form to submit continuing professional training contact hours.
 (Duplicate page as needed)

Name: _____

Certification/Recognition	CEU's Needed
Alcohol & Drug Counselor – Level I	40 Hours Every Two Years
Alcohol & Drug Counselor – Level II	40 Hours Every Two Years
Alcohol & Drug Counselor – Level III	40 Hours Every Two Years

Date of Training	Title of Training	Sponsor of Training Activity	Contact Hours Earned	Training Format:			
				1. Conference/Workshop	2. College Classes	3. Internet Training	4. Agency Sponsored
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4

Please complete this form in its entirety. Make sure all information supplied is accurate and legible. Please provide all documentation to support trainings listed above.

THIS FORM MUST ACCOMPANY YOUR RENEWAL APPLICATION AND PAYMENT.

I hereby certify that the information above is correct and true. Failure to provide accurate information may result in the GPAICB refusing to renew your recognition or certification.

 Signature of Professional

 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!