



Minnesota Board of Behavioral Health and Therapy

LICENSED ALCOHOL AND DRUG COUNSELOR MAILING LIST

Complete this form in *ink* by placing an “X” next to the item you wish to order. Forward the form to the address listed below *with your check or money order* in the amount listed under Prices for the item you have chosen. *Make your check or money order payable to: Board of Behavioral Health and Therapy*. Please do not send cash. Payment is non-refundable.

Information provided: licensee’s first and last name, license status, license issue date, license expiration date, and public address.

<u>Check Type of Product</u>	<u>Prices</u>
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