

Who Completes:  
×Method D  
×Method I  
×Method F

Minnesota Board of Behavioral Health and Therapy  
335 Randolph Avenue, Suite 290,  
St. Paul, MN 55102

Applicant's Name: \_\_\_\_\_  
(Please print)

## Affidavit

By completing this application I hereby request that the Minnesota Board of Behavioral Health and Therapy (Board) approve my application for licensure as an alcohol and drug counselor and consider the information provided herein as evidence of qualification for Minnesota licensure.

I agree that while my application is pending, should any situation arise that might contradict or alter any of the answers to the questions, listed requirements or affirmations contained in this application, I will, **within ten working** days of such knowledge, **notify** the Board of that change.

I agree that I will cooperate with any necessary investigation or inquiry initiated by the Board, prior to licensure, according to Minnesota statutes section 148F.10.

I understand that should this application for licensure be denied, I am entitled to request a contested case hearing within 30 days of receipt of the notice of denial. Should I choose not to appeal the denial I understand that I may not reapply earlier than one year from the date of the denial.

Further, I, the undersigned, being duly sworn, state upon oath that the answers given in this application are true and correct, and agree, if issued a license, to abide by the laws of the State of Minnesota concerning the practice of licensed alcohol and drug counseling.

I affirm that I:

- (1) am not the subject of any current complaints or investigations in Minnesota or in any other state or jurisdiction in which I hold/have held a license to practice or that if I have been the subject of complaints or investigations in another state or jurisdiction. I have provided all details regarding such complaint(s) or investigations to the Minnesota Board of Behavioral Health and Therapy. I understand that existence of such complaints or disciplinary matters may increase the time it takes to approve this application.
- (2) have attached a copy of any order for discipline that precedes this application.

Additionally, by completing and signing this form, I further acknowledge that I have read and understand all information, notices, and requirements contained in it; including the warning regarding RIGHTS OF SUBJECTS OF DATA; the information contained in the WAIVER, and the information contained in the AFFIDAVIT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me:

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

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## Records Waiver Authorization and Release

I HEREBY AUTHORIZE the Minnesota Board of Behavioral Health and Therapy or the Board's designee to obtain, and authorize the person to whom this authorization is presented to release, any and all information contained in the records of **all colleges and post-secondary educational institutions, police departments, the Minnesota Certification Board (MCB), the International Certification and Reciprocity Consortium (ICRC), Department of Human Services (DHS), the Office of Health Facility Complaints, the Office of Mental Health Practice, Division of Driver and Vehicle Services in the Department of Public Safety, the Bureau of Criminal Apprehension (BCA), and any other entity maintaining records on me. This includes results of the Department of Human Services (DHS) Background Investigations** including license, registration, permit and/or other credentialing records, and any other investigative and/or disciplinary records, in this or any other state. The DHS Background Investigation includes records pertinent to maltreatment of vulnerable adults and minors and criminal history information obtained by DHS.

This authorization also allows the Board or the Board's designee to prepare summaries or photocopies of all or any portion of any records in this or any other state. A copy of this authorization may be considered to be as valid as the original.

MINNESOTA GOVERNMENT DATA PRACTICES ACT NOTICE. This notice is given pursuant to Minnesota Statutes section 13.04, subdivision 2, and section 13.41, subdivision 2. The Board will use the information received through this background check and within this application to determine if you meet the requirements for licensure in Minnesota Statutes chapter 148F. You are required to sign this authorization form pursuant to Minnesota Statutes section 148F.025, subd. 4. If the matter of your licensure becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name typed or printed