

TEMPORARY PERMIT APPLICATION

REQUIREMENTS

- Associate Degree or the Equivalent
- 270 clock hours of specific alcohol and drug counseling course work
- 880 hour alcohol and drug counseling practicum

INSTRUCTIONS

1. The application must be completed by all temporary permit applicants. The application must be filled out completely. Page 10 must be signed and notarized. Incomplete applications will be returned to you to provide the missing information. If there is not enough space for you to answer a question, please attach a separate sheet of paper.
2. The **\$100** temporary permit application fee must be included with your application. Please make checks payable to the Minnesota Board of Behavioral Health and Therapy (or BBHT). All fees are non-refundable.
3. You are required to obtain a supervisor who is a Minnesota Licensed Alcohol and Drug Counselor or other licensed professional practicing alcohol and drug counseling in Minnesota under Minnesota Statutes §148F.11. Your supervisor must sign page 8 of the application.
4. Temporary Permit Holders are governed by Minnesota Statutes Chapter 148F and Minnesota Rules Chapter 4747. All applicants and permit holders of the Board are responsible for familiarizing themselves with these laws. You may visit the Board's website at <https://mn.gov/boards/behavioral-health/> to access the Board's most current statutes and rules.
5. Make a copy of this completed application for your records. You may need the information contained in it after your permit is issued.
6. You will need to request that your academic institution(s) send an official transcript(s) to our office. The transcript must be official and sent **directly** to the Board office. Sealed transcripts provided by the applicant will not be accepted. All of the educational requirements must be completed through an accredited school.
7. You are not legally required to supply the requested information. However, failure to provide information or the submission of false or misleading information may delay the processing of your application or may be grounds for denying your license.
8. Please print legibly in ink. Illegible applications will be returned. Photocopied and faxed applications will be returned.

RIGHTS OF SUBJECTS OF DATA

Pursuant to Minnesota Statutes section 13.41, subd. 2, information you provide in this application, except for your name and address, is classified as private while you remain an applicant. Private data is accessible only to you, the staff and members of the Board, the Board's legal counsel, and persons you designate. When you are issued a permit, the information in your file related to your permit is classified as public under Minnesota Statutes section 13.41, subds. 2 and 5. If this application is denied, this information may also become public under Minnesota Statutes section 13.41, subds. 2 and 5.

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory requirements. You are not legally obligated to provide this information, but you cannot be issued a permit without doing so.

PUBLIC ADDRESS

Pursuant to Minnesota Statutes section 13.41, subd. 2(b), a person who is subject to the jurisdiction of a health-related board must designate to the board a residence or business address and telephone number at which the licensee or temporary permit holder can be contacted in connection with the license or permit. These data are to be maintained in the board's records as public data. Therefore, the address and telephone number which you designate public is the address and telephone number the board will release in response to public inquiries. The address that you designate as mailing is the address the board will use for all contact with you regarding your permit, including renewal information. If you change your address and/or telephone number you are required to notify the board within 30 days of any change. Your notification must be made in writing and submitted to the BBHT office.

TAX INFORMATION

Pursuant to Minnesota Statutes, section 270C.72, subds. 1 and 4, the Board is required to ask all applicants to provide their social security number and Minnesota business identification number on all applications. Failure to supply this information may jeopardize or delay the processing of your application. Upon request of the Commissioner of Revenue, the Board must provide to the Commissioner a list of all regulated individuals and applicants, including their names and addresses, social security numbers, and business identification numbers. Under the Minnesota Government Data Practices Act, you are advised of the following regarding the use of this information:

- a. This information may be used to deny the issuance or renewal of your permit in the event you owe the Minnesota Department of Revenue delinquent taxes in the amount of \$500.00 or more.
- b. Upon receiving this information, the Board will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

In compliance with the Americans with Disabilities Act, this document may be made available in alternative formats upon request.

PERSONAL INFORMATION:

1. Full, Legal Name: _____
(Last) (First) (Middle)

2. Gender (check one): Male Female

3. Social Security Number: _____

4. Date of Birth: _____

5. Current Home Address: _____
(Street or Rural Route) (Apt.#)

(City) (State) (Zip) (County)

6. Telephone Number: _____

7. Email Address : _____

8. Current Employer: _____

9. Employer Address: _____
(Street or Rural Route)

(City) (State) (Zip) (County)

10. Employer Telephone Number: _____ Title of Position: _____

11. Designated address the Board should use for release to the public (check **one**): Home Business

12. Designated phone number the Board should use for release to the public (check **one**): Home Business

13. Designated address for official Board mailings (check **one**): Home Business

14. Driver's License State & Number: _____
(State) (DL Number)

15. Have you ever used another name? Yes No If yes, please print last, first, and middle name(s) used (including maiden name).

(Last) (First) (Middle) (Date last used mo/yr)

(Last) (First) (Middle) (Date last used mo/yr)

(Last) (First) (Middle) (Date last used mo/yr)

16. Do you now hold or have you ever held a credential (e.g. a permit, registration, certification, or license) to practice alcohol and drug counseling or another related profession in this or another state? Yes No

If yes, fill in the information about the credential(s) below. You will need to have verification of each credential you list below sent to the Board office. Verification must be sent directly from the credentialing agency(ies) to the Board office.

<u>AGENCY</u>	<u>STATE</u>	<u>OCCUPATION</u>	<u>DATE OF ISSUANCE</u>	<u>STATUS</u>	<u>ID #</u>

Board Office use only	
<i>Payment Info:</i>	
Check # _____	Check Amount \$: _____ Staff Initials: _____
Deposit # _____	Date: _____

SCHOOL INFORMATION:

17. Please list the name of **all** educational institutions you have attended. You will need to request that all of your educational institutions send an official transcript directly to the Board office at the address listed above:

<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>DATES ATTENDED</u>	<u>DEGREE</u>	<u>MAJOR</u>

BACKGROUND QUESTIONS:

18. Please answer the following questions by circling yes or no. All “yes” answers must be explained in detail and signed on a separate sheet of paper. Applicants should be aware that answering “yes” to some questions might necessitate special screening procedures by the Board. Failure to disclose the following information may result in the denial of your application or other appropriate action.

	Question	Answer
1.	Have you ever had any application for any professional license denied by any licensing authority?	YES NO
2.	Has your professional license or registration ever been revoked, or have you ever been the subject of disciplinary action, or non-disciplinary corrective action; or have you been sanctioned by any licensing authority including, but not limited to, the authority’s refusal to grant you a license, or the authority’s action to revoke, suspend, condition, limit, restrict, or qualify the professional license or registration in any way?	YES NO
3.	Have you ever practiced alcohol and drug counseling or mental health counseling in a setting where licensure was not required?	YES NO
4.	If you answered yes to question #3 above, have you ever been the subject of a complaint, disciplinary action, or non-disciplinary action related to your unlicensed practice?	YES NO NA
5.	To your knowledge, have any complaints ever been filed against you with any professional licensing or regulatory board?	YES NO
6.	Have you ever been charged with a crime? You must report charges that were expunged or otherwise removed from your record by executive pardon. Please list all criminal charges.	YES NO
7.	Have you ever been charged of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? Have you ever been charged with any other impaired driving offenses involving the use of alcohol or other chemical substances?	YES NO
8.	Have you ever been named a defendant in a criminal suit related to your profession?	YES NO
9.	Have you ever been named a defendant in a civil suit related to your profession?	YES NO
10.	Do you have any physical or mental health condition which in any way may impair or limit your ability to practice alcohol and drug counseling with reasonable skill and safety?	YES NO
11.	Have you ever been adjudicated as mentally incompetent, or as a person who has a psychopathic personality, or who is dangerous to self, or has been adjudicated as chemically dependent, mentally ill, mentally disabled, or mentally ill and dangerous to the public?	YES NO
12.	Do you participate in any professional program designed to monitor or assist you in any management of chemical dependency, physical, physiological, or emotional impairment?	YES NO
13.	Are you now or have you in the last five years been addicted to any chemical substance including alcohol?	YES NO
14.	Are you now being treated or have you in the last five years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	YES NO
15.	Do you currently have any other condition or impairment, not reported in any question in this application, which in any way affects, or if left untreated might affect, your ability to practice alcohol and drug counseling with reasonable skill and safety to clients?	YES NO

PRACTICUM INFORMATION

INSTRUCTIONS: Please list each location at which you completed practicum hours. Feel free to attach additional page(s) if necessary.

“Alcohol and Drug Counselor Practicum” means formal experience gained by a student and supervised by either a licensed alcohol and drug counselor or a supervisor in another profession that is exempt under Minnesota Statutes, section 148F.11, as part of an accredited school or educational program of alcohol and drug counseling.

Please begin with your most recent practicum activity.

1. Name & Address of practicum site: _____
Name

Street Address City State Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____

2. Name & Address of practicum site: _____
Name

Street Address City State Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____

3. Name & Address of practicum site: _____
Name

Street Address City State Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____

Academic Course Work Summary

If a course title is not clearly indicative of content areas as set forth in Minnesota Statutes, section 148F.025, subd. 2, attach the college catalog description or course syllabus indicating that specific material was included. In addition, please highlight the areas of the literature that best demonstrate coverage of the content area. (1 semester credit = 15 clock hours, 1 quarter credit = 10 clock hours.) A single course may be utilized for more than one content area.

Course Work Area	Name of College or University	Course Number and Title	Credits Earned	Number of Clock hours
Area (1): an overview of the transdisciplinary foundations of alcohol and drug counseling, including theories of chemical dependency, the continuum of care, and the process of change				
Area (2): pharmacology of substance abuse disorders and the dynamics of addiction, including medication-assisted therapy				
Area (3): professional and ethical responsibilities				
Area (4): multicultural aspects of chemical dependency				
Area (5): co-occurring disorders				
Area (6): the core functions defined in section 148F.01, subdivision 10:				
(1) "screening" means the process by which a client is determined appropriate and eligible for admission to a particular program				
(2) "intake" means the administrative and initial assessment procedures for admission to a program				
(3) "orientation" means describing to the client the general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client's rights				

(4) "assessment" means those procedures by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems, and needs to develop a treatment plan or make recommendations for level of care placement;				
(5) "treatment planning" means the process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide on a treatment process and the sources to be utilized				
(6) "counseling" means the utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making				
(7) "case management" means activities that bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals;				
(8) "crisis intervention" means those services which respond to an alcohol or other drug user's needs during acute emotional or physical distress				
(9) "client education" means the provision of information to clients who are receiving or seeking counseling concerning alcohol and other drug abuse and the available services and resources;				
(10) "referral" means identifying the needs of the client which cannot be met by the counselor or agency and assisting the client to utilize the support systems and available community resources;				
(11) "reports and record keeping" means charting the results of the assessment and treatment plan and writing reports, progress notes, discharge summaries, and other client-related data				
(12) "consultation with other professionals regarding client treatment and services" means communicating with other professionals in regard to client treatment and services to assure comprehensive, quality care for the client				

APPLICANT AND SUPERVISOR AFFIRMATION:

The information requested on this form will be used by the Board of Behavioral Health and Therapy (BBHT) staff to determine whether the applicant and the supervisor meet the requirements of Minnesota Statutes section 148F.035.

APPLICANT AFFIRMATION: I hereby make application to practice alcohol and drug counseling on a temporary basis in Minnesota. I understand that under the temporary permit provisions in Minnesota Statutes section 148F.035, I may practice alcohol and drug counseling if I am directly supervised by a Minnesota Licensed Alcohol and Drug Counselor, or other licensed professional practicing alcohol and drug counseling under Minnesota Statutes section 148F.11. By signing below, I certify that I have read and will comply with the requirements of Minnesota Statutes, Chapter 148F and Minnesota Rules, Chapter 4747. **I understand that approval of this application for temporary permit creates no rights to or expectation of approval from the Board for licensure as an alcohol and drug counselor. I further understand that I am subject to a background check investigation and the Board may suspend or restrict my temporary practice pursuant to requirements in Minnesota Statutes section 148F.09.**

Applicant Signature

Date

SUPERVISOR INFORMATION & AFFIRMATION (Supervisor Must Complete): I request that the above named applicant be authorized to practice alcohol and drug counseling on a temporary basis under my direct supervision for a period not to exceed twelve months unless renewed. I certify that I hold a valid Minnesota alcohol and drug counselor license or am a licensed professional in accordance with Minnesota Statutes section 148F.11. I certify that I have read and will comply with the requirements of Minnesota Statutes, Chapter 148F and Minnesota Rules, Chapter 4747, that the above-named applicant will be under my direct supervision, and that I will be responsible and liable for all actions and omissions of the above-named applicant in connection with alcohol and drug counseling. I understand that I am responsible as supervisor until the Board of Behavioral Health and Therapy receives my written and signed statement that I wish to cease supervision.

Supervisor Name: _____
Last First Middle

License under which you will provide supervision*: LADC** _____ License Number: _____
(other)

Name of Supervisor's Employer: _____

Address: _____
Street City State Zip

Supervisor's Signature: _____
Date

Supervisor's Phone Number: _____

* If you are a licensed professional in accordance with Minnesota Statutes section 148F.11, you will need to request that a License Verification be sent directly to BBHT from the licensing authority through which you hold the license.

** LADC supervisors licensed in Minnesota do not need to request a License Verification.

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 a temporary permit in Minnesota Statutes Chapter 148F and Minnesota Rules Chapter 4747. You are required to sign this authorization form pursuant to Minnesota Statutes section 148F.025, subd. 4. If the matter of your temporary permit 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

Affidavit

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

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 a temporary permit 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 temporary permit, to abide by the laws of the State of Minnesota concerning the practice of 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