

**BAPP PORTFOLIO REVIEW – COURSE EVALUATION FORM  
LICENSED ADDICTION COUNSELOR (LAC)**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP:** \_\_\_\_\_

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Addiction Counseling Theories & Techniques							
Psychopharmacology <b>OR</b> Psychopathology							
Legal, Ethical & Prof Standards							
Case Mgt & Assessment of Co-Occurring Disorders							
Treatment Planning							
Clinical Supervision							
Multicultural Competency							

**Please return this form along with transcripts, two (2) copies of each syllabus, and the \$25 portfolio review fee to:  
BAPP, 3101 W. 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

BAPP Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_