



GREAT PLAINS AMERICAN INDIAN CREDENTIALING BOARD

BOARD APPLICATION

1. Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ Work phone _____

Email _____

2. Current Employer _____

Tribal Affiliation/Enrollment _____

3. Credentials (including any out of state certification/licensures) _____

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of Great Plains American Indian Credentialing Board:

a. Strategic Development

b. Policy Development

c. Professional Development

d. Legislative Development

e. Other: Please provide a brief description _____

MISSION

"...establishes, safeguards, and monitors certification standards for certified professionals in the substance abuse and other behavioral health fields. Advocates for quality, comprehensive substance abuse and other behavioral health services in the Great Plains IHS Service Area."



5. Why are you interested in serving as a board member for the Great Plains American Indian Credentialing Board? _____

6. Are you willing to serve on a Committee? If so please circle those of interest.

- a. Alcohol & Drug Counselor Trainee Committee
- b. Alcohol & Drug Counselor Credentialing Committee
- c. Re-certification Committee
- d. Ethics Committee
- e. Continuing Education Committee

7. Please provide additional information you feel is relevant to your application for the Great Plains American Indian Credentialing Board.

For Board Use Only

___ Nominee has had a personal meeting with the Board Chair or other Board Member.

___ Nominee proposed to the Board. DATE _____

___ Board Action ___ Elected ___ Denied DATE _____

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