SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

SOUTH DAKOTA BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Email: sdbce@midwestsolutionssd.com
Website: dss.sd.gov/licensingboards/counselors/counselors.aspx

APPLICATION FOR LICENSURE

This is an application for licensure in South Dakota. Current Plan of Supervision number is required.

Please select one:

☐ Application for Professional Counselor License (LPC)

☐ Application for Professional Counselor License-Mental Health License (LPC-MH)

☐ Application for Marriage and Family Therapist License (LMFT)

Current Plan of Supervision number: _____

Please submit:

1) Completed application;
2) Attachment A completed and submitted directly to the Board by each Supervisor;
3) Tracking Forms completed for each Supervisor;
4) Proof of a passing score on the required national exam submitted directly to the Board;
5) Verification of any name change (i.e. marriage/divorce), if applicable;
6) Verification of a license in another state, if applicable;
7) Quality color photograph of applicant; and
8) Refundable $225 licensing fee.

Payment of the $225 licensing fee at the time of application helps expedite the processing of the license, if approved. If the application is denied, the $225 licensing fee is refundable.

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____Social Security Number: _____

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SUPERVISED EXPERIENCE – PLAN OF SUPERVISION

Please provide the name of each Supervisor during your Plan of Supervision.

Name of Supervisor: _____ License Type: _____ Dates of Supervision: _____

Name of Supervisor: _____ License Type: _____ Dates of Supervision: _____

Additional Supervisors should be listed on a separate page.

Attachment A submitted to Board: ☐ **Yes** ☐ **No** *Attachment A must be completed and submitted directly to the Board by each Supervisor.*

NATIONAL EXAMINATION

*Licensure in South Dakota requires passage of a **national examination**.*

Please indicate which national examination(s) you passed:

National Counselor Examination (NCE)	Date of Exam: _____
Counselor Rehabilitation Certification Examination (CRC)	Date of Exam: _____
National Clinical Mental Health Counselor Examination (NCMHCE)	Date of Exam: _____
National Examination in Marital and Family Therapy (AMFTRB)	Date of Exam: _____

Request your official national exam score be sent to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or released to the Board through the NBCC or AMFTRB online results portal -- if you haven't already done so. Date requested: _____

OTHER LICENSES

Do you currently hold a valid license to practice counseling in another state? ☐ YES ☐ NO

If yes, which state(s)? _____

If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or electronically to sdbce@midwestsolutionssd.com. Date requested: _____

MILITARY STATUS

☐ YES ☐ NO Are you a member or the spouse of a member of the armed forces of the United States?

If yes, were you or your spouse the subject of a military transfer to South Dakota? ☐ Yes ☐ No

If yes, did you leave employment to accompany your spouse to South Dakota? ☐ Yes ☐ No

LEGAL QUESTIONS (***If you answer yes to any question below, please provide a separate written explanation.)***

☐ YES ☐ NO Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

☐ YES ☐ NO Have you ever been convicted, pled no contest/nolo contender, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 traffic offense?

☐ YES ☐ NO Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state?

☐ YES ☐ NO Are you $1,000 or more behind in child support payments?

☐ YES ☐ NO Have you previously made application for licensure to this Board?

LICENSE FEE Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

☐ $225 license fee

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

To be signed in the presence of a Notary Public

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING THE LICENSE APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

_____ _____

Applicant Signature Date

State of _____)
) SS
County of _____)

On this ___ day of _____, 20___, the above applicant, _____, personally appeared, known to me or satisfactorily proven to be the same person whose name s subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness where of, I have here unto set my hand and official seal.

(SEAL)

Notary Signature: _____

Notary Name: _____

My Commission Expires: _____

Mail completed application and fee to:
SD Board of Examiners for Counselors & Marriage and Family Therapists
PO Box 340
Pierre, SD 57501

For Office Use Only:
License Fee Check number _____ *Amount*_____ *Date*_____