

**For Board Use Only**

Date of Application \_\_\_\_\_ \$ \_\_\_\_\_ Application Fee CK # \_\_\_\_\_ App # \_\_\_\_\_  
Date of Oral Examination \_\_\_\_\_ Oral Examination Results \_\_\_\_\_  
License Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expires \_\_\_\_\_  
Date Child Support Checked: \_\_\_\_\_ Y/N Date ASPPB Data Bank Checked \_\_\_\_\_ Y/N  
Date of licensure fee paid: \_\_\_\_\_ CK# \_\_\_\_\_ \$ \_\_\_\_\_ ¼ ½ ¾ 1 year prorated

**APPLICATION FOR THE  
SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
Board of Examiners of Psychologists  
810 N. Main St., #298  
Spearfish, SD 57783  
Phone: (605) 642-1600**

**GENERAL INFORMATION (Please Type)**

1. Name \_\_\_\_\_ 2. Degree \_\_\_\_\_  
(Last) (First) (MI)

Social Security Number \_\_\_\_\_

3. Business Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

4. Home Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

5. Date and Place of Birth \_\_\_\_\_

6. Diplomate of American Board of Professional Psychology? Yes  No

7. Are you or have you ever been licensed as a psychologist in any other State or Province? Yes  No

Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.

Give States/Provinces \_\_\_\_\_

Original Date \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give States/Provinces \_\_\_\_\_

Original Date \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give States/Provinces \_\_\_\_\_

Original Date \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Give States/Provinces \_\_\_\_\_

Original Date \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

8. Have you ever taken the Professional Examination Service examination for licensure or certification in psychology? Yes  No

If yes, in which States/Provinces? \_\_\_\_\_ Date \_\_\_\_\_

If yes, Please have scores sent directly to the above address by EPPP.



20. My primary areas of intended professional practice are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. PROFESSIONAL EXPERIENCE (Please list current position first)

a. Current Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
Dates \_\_\_\_\_ Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_

b. Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
Dates \_\_\_\_\_ Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_

c. Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
Dates \_\_\_\_\_ Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_

d. Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
Dates \_\_\_\_\_ Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_

e. Position \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
Dates \_\_\_\_\_ Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

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

\_\_\_\_\_  
Date

The undersigned, having appeared before me and being identified as the same individual by appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

My commission expires \_\_\_\_\_

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans With Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.