

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS

810 N. Main Street • Suite 298 • Spearfish, SD 57783 • (605) 642-1600

RELICENSURE APPLICATION

Please Print or Type (Due June 30th)

Today's Date _____

Last Name _____

First Name _____

Lic# _____

FOR BOARD USE ONLY

Date _____ Ck# _____

Child Support Checked: OK NOT OK

Social Security # _____ (Social Security Number's use is intended for purposes of identification related to licensure issues, discipline and other board related issues)

I am not renewing _____. If not renewing, please complete the top portion and return this form to the board office. No additional notices will be sent to you.

I prefer all correspondence be addressed to my HOME _____ BUSINESS _____

Home Address: _____

P.O. Box or Street City State Zip Code

Business Name: _____

Business Address: _____

P.O. Box or Street City State Zip Code

Home Telephone (____) _____ Work Telephone (____) _____

Since the original date of your South Dakota Psychologist license,

1.) Has this or any other state rejected your application or revoked your professional license or certificate? Yes No

If yes, which state or states? _____ (Please attach explanation.)

2.) Has any professional association rejected your application for membership or revoked a membership you held? (If yes, attach explanation.) Yes No

3.) Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of psychologist examiners of such unprofessional conduct? Yes No
(If yes, give full details on a separate sheet.)

4.) Have you been convicted by a court of law for any offense in connection with your practice as a psychologist? (If yes, attach explanation) Yes No

5.) Have you been convicted of a felony after being licensed in the State of South Dakota? Yes No

6.) SDCL 25-A-56 prohibits the issuance of renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No

I, _____, (please print) hereby apply for licensure renewal by the State of South Dakota Board of Examiners of Psychologists. Enclosed is the \$200.00 renewal fee (check or money order payable to the SD Board of Examiners of Psychologists). I understand that the fee is not refundable. I declare and affirm under 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

(over)

Date

**SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
CONTINUING EDUCATION REPORT FORM**

In South Dakota Law the number of CEU hours has not been specified, but you must complete SOME continuing education. If you need additional space, please make additional copies of this form.

TITLE OR NAME OF ACTIVITY _____

LEADER, DEGREE, TITLE/POSITION _____

SPONSORING AGENCY _____

CONTENT _____

FORMAT _____ DATES _____

CONTINUING EDUCATION CATEGORY : PLANNED INSTRUCTIONAL _____ SELF-DIRECTED _____

TITLE OR NAME OF ACTIVITY _____

LEADER, DEGREE, TITLE/POSITION _____

SPONSORING AGENCY _____

CONTENT _____

FORMAT _____ DATES _____

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CONTENT _____

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