



South Dakota Board of Examiners for Counselors & Marriage and Family Therapists

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APPLICATION FOR LICENSE RENEWAL

Please submit the following:

1. Completed application;
2. Required renewal fee (based on the license type(s) renewed); and
3. A copy of verification of any name change (marriage license, divorce decree, etc.).

A licensing fee is required with this application. Your application will not be processed until the required fee is received. Your renewal application must be received by DECEMBER 31, 2016 or you may be subject to a late fee and inactivation of your license.

LICENSEE INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Do you have another business location? YES NO

If yes, please provide additional business information on a separate sheet.

Do you prefer to receive mail from the Board at your: Home Business

Would you like to receive email communications from the Board? YES NO

LICENSE INFORMATION

Please denote the license you wish to renew and your corresponding license number:

____ License Professional Counselor (Renewal Fee \$100) License#: LPC- _____

____ License Professional Counselor-Mental Health (Renewal Fee \$75) License#: LPC-MH _____

____ License Marriage and Family Therapist (Renewal Fee \$75) License#: LMFT _____

LEGAL QUESTIONS

Please answer the following questions: *If you answer yes to any question, please provide a written explanation on a separate sheet.*

Have you been convicted of any felony, any crime involving or relating to the practice of counseling or any crime involving dishonesty or moral turpitude in the past 12 months? ___ 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 in the past 12 months? ___ YES ___ NO

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

OTHER LICENSES

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

If yes, which state(s)? _____

Have you previously disclosed this license to the Board? _____ YES _____ NO

If no, please attach a copy of the current license(s) with this application.

APPLICATION FEE

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

- \$100 Licensed Professional Counselor
- \$75 Licensed Professional Counselor – Mental Health
- \$75 Licensed Marriage and Family Therapist

ATTESTATION BY APPLICANT

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE 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, OMISSIONS, INACCURACIES OR FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A 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 REGULATING PROFESSIONAL COUNSELING AND MARRIAGE AND FAMILY THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

Signature of Applicant

Date

For Office Use Only: Check # _____

Amount _____

Date _____