



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

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

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APPLICATION FOR LICENSED MARRIAGE AND FAMILY THERAPIST

Please provide:

- 1) Completed Application;
- 2) Non-refundable \$100 application fee;
- 3) Copy of driver's license or government issued ID;
- 4) Quality color photograph of applicant;
- 5) Verification of any name change (i.e. marriage/divorce);
- 6) Verification of a license in another state(s);
- 7) Proof of a passing score on the Examination in Marital & Family Therapy;
- 8) Original transcript sent directly from the university;
- 9) Refundable \$100 licensing 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.

The \$100 application fee is non-refundable. Payment of the \$100 licensing fee at the time of applications helps expedite the processing of the license, if approved. If the application is denied, the \$100 licensing fee is refundable.

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Business Name: _____

Business Address: _____ State: _____ Zip _____

Business Phone: _____

SUPERVISED EXPERIENCE – PLAN OF SUPERVISION

At least two years of supervised experience in marriage and family therapy must be completed within three consecutive years and include 200 hours of supervision concurrent with 1700 hours of marriage and family therapy conducted in face-to-face contact with individuals, couples, and families. At least 100 of the 200 hours supervision must be individual supervision. The balance may be face-to-face, group, or by telephone conferencing or interactive video conferencing. However, any telephone or video conferencing must be secure such that reasonable precautions have been taken to ensure that the conference will not be intercepted or listened to by unauthorized persons.

Name of Supervisor _____

Name of Supervisor _____

Name of Supervisor _____

Name of Supervisor _____

Submit a separate Attachment A for each approved supervisor.

GRADUATE COUNSELING PROGRAM

List the institution(s) from which you have received your graduate degree in counseling.

University/College: _____

City: _____ State: _____

Degree: _____ Date Granted: _____

Was your University/College CACREP accredited during your enrollment?

_____ Yes _____ No

If your University/College was not CACREP accredited, you must submit Attachment B with this application.

Has your graduate degree transcript been sent to SDBCE? _____ Yes _____ No

A transcript of your degree must be sent directly to the SDBCE by the institution awarding the degree. Please request a transcript be sent to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501

OTHER LICENSES

Do you currently hold a valid license to practice in another state? _____ Yes _____ No

If yes, which state(s)? _____

If yes, is the level of license the highest level of licensure for a professional counselor in that state? _____ Yes _____ No

How many years have you held the license(s)? _____

Please attach a copy of the current license(s) with this application. The issuing state must send a verification of licensure directly to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501

MILITARY STATUS

Are you a member or the spouse of a member of the armed forces of the United States? __ Yes __ No

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, please provide a written explanation.)*

Have you ever been convicted, pled no contest/nolo contendere, 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 contendere, 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? _____ Yes _____ No

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? _____ Female _____ Male

What is your race? Please check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other
- Decline to Provide

APPLICATION 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.

- \$100 non-refundable application fee **(if previously submitted with a Plan of Supervision Application you do not need to include this fee)**
- \$100 licensing fee

**Attachment A – Supervised Experience with Qualified Supervisor
Licensed Marriage and Family Therapist**

Please Submit a Separate Attachment for Each Supervisor

Applicant's Name _____
Last First MI

The individual named above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Examiners for Counselors and Marriage and Family Therapists requires submission of information by the approved supervisor(s), to verify the candidate's supervised experience.

To be completed by Applicant

Name of Approved Supervisor: _____

Nature of setting in which supervised practice took place: _____

Tracking Form Summary

Dates of Supervision by this supervisor at this setting: Start (mm/dd/yy) _____
End (mm/dd/yy) _____

Total number of **Direct Client Contact** hours during period listed above _____

Supervisory Hours Total Number Face-to-Face _____

Total Number of Group or by Secured Conferencing _____

“I attest to the fact these hours are true and accurate.” **Supervisor's Initials** _____

Please describe the nature of the applicant's duties: _____

Please describe the nature of the supervision provided: _____

Attachment A – Continued

To be completed by Supervisor

I have reviewed the applicant's statements on this Attachment A. They are _____ / are not _____ substantially correct. (Please add any corrections on a separate sheet of paper.)

The quality of the applicant's performance during the supervision was: (check one)

Outstanding _____ Good _____ Fair _____ Poor _____

Rank the applicant from 1 - 5 (**5 as the highest**) on their performance and understanding of the following:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Counseling psychotherapy techniques | 1 | 2 | 3 | 4 | 5 |
| 2. Appraisal, evaluation, and diagnostic procedures | 1 | 2 | 3 | 4 | 5 |
| 3. Treatment planning and implementation | 1 | 2 | 3 | 4 | 5 |
| 4. Case management and record keeping | 1 | 2 | 3 | 4 | 5 |
| 5. Professional identity and function | 1 | 2 | 3 | 4 | 5 |
| 6. Professional ethics and standards of practice | 1 | 2 | 3 | 4 | 5 |

Supervision should include defined methods:

1. The presentation and staffing of cases
2. The critiquing of audio or video counseling tapes
3. The direct observations of the supervisee; or
4. Co-counseling with the supervisee

What methods of supervision were used?

I held an active license during the entirety of this supervision period: _____ Yes _____ No

Licensed by _____ License Type _____ License # _____

I attest to the fact the information I have provided above is true and accurate; that I was solely responsible for this applicant's supervision as documented on this Attachment A, and that we were compliant with the SD Laws and Administrative Rules.

Supervisor's Signature

Date

South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340,
Pierre, SD 57501

ATTACHMENT B – COURSEWORK REQUIREMENTS LICENSED MARRIAGE AND FAMILY THERAPIST

If your University/College was not CACREP accredited at the time you received your degree, you must complete Attachment B to demonstrate your degree meets the educational standards for licensure.

ACADEMIC REQUIREMENTS

Academic requirements must be completed at a university/college accredited by one of the following. Check your school's accreditation body:

- _____ (1) Middle States Association of Colleges and Secondary Schools
- _____ (2) New England State Association of Colleges and Secondary Schools
- _____ (3) North Central Association of Colleges and Secondary Schools
- _____ (4) Northwest Association of Colleges and Secondary Schools
- _____ (5) Southern Association of Colleges and Secondary Schools
- _____ (6) Western Association of Schools and Colleges (Formerly known as Western College Association)

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.

Content Area	Course Number(s)	Course Title(s)	College/University
MARRIAGE AND FAMILY STUDIES (9 SEM CREDITS MINIMUM) Introductory systems theory, family development, family systems (marital, sibling, individual subsystems), special family issues, gender and cultural issues, all with major focus from a systems theory orientation;			
MARRIAGE AND FAMILY THERAPY (9 SEM CREDITS MINIMUM) Advanced systems theory and interventions, major systemic marriage and family treatment approaches, (structural, strategic, neoanalytic object relations), behavioral marriage and family therapy, communications, sex therapy, etc.			
HUMAN DEVELOPMENT (9 SEM CREDITS MINIMUM) At least one course in psychopathology-abnormal behavior is required and at least one course in assessment is required. The third course may be selected from human development (normal and abnormal), personality theory, or human sexuality;			

PROFESSIONAL STUDIES (3 SEM CREDITS MINIMUM) Professional ethics as a therapist including legal and ethical responsibilities and liabilities, family law, etc.			
RESEARCH (3 SEM CREDITS MINIMUM) Research course in marriage and family studies and therapy including research design, methodology, statistics;			
PRACTICUM* (SUPERVISED CLINICAL PRACTICE) 1 year minimum during graduate work.			

*Fifteen hours per week, approximately 8 to 10 hours in direct clinical contact with individuals, couples, and families. Minimum of three hundred client contact hours required.

If a course title is not clearly indicative of the content areas as outlined above include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.