



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

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### **APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR**

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 National Counselor Examination;
- 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**

The applicant must have two thousand (2,000) hours post-graduate supervised experience in counseling acceptable to the Board, completed within five years of issuance of a plan of supervision, of which at least 800 hours of direct client contact and the remainder is (non-administrative) counseling-related activities. A minimum of one hour of face-to-face supervision per week must take place for a total of at least 100 hours. Of these 100 hours, at least 50 hours must be face-to-face. The balance may be by secured telephone conferencing/interactive video conferencing, or group supervision. Any conferencing method must be secured to ensure 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

**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, OMISSIONS, 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 PROFESSIONAL COUNSELING 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:**\_\_\_\_\_

**Attachment A – Supervised Experience with Qualified Supervisor  
Licensed Professional Counselor**

**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 \_\_\_\_\_

Total number of **Counseling-Related** 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 shall include at a minimum two of the four following 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 were the two or more methods you used to comply with this requirement?

\_\_\_\_\_  
\_\_\_\_\_

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 PROFESSIONAL COUNSELOR

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)

A minimum 48-hour Master's degree in Counseling or related program which includes coursework in the specific content areas described below. Indicate which course number(s) from your transcript meet(s) these course requirements.

Content Area	Course Number(s)	Course Title(s)	College/University
<b>Counseling Theory:</b> including a study of basic theories and principles of counseling and philosophic bases of the helping relationship			
<b>Counseling Techniques:</b> including individual counseling practices, methods, facilitative skills, and the application of these skills			
<b>Counseling Practicum:</b> a practicum consists of no less than 100 hours, of which 40 hours are direct service			
<b>Counseling Internship:</b> the supervised internship may be no less than 600 hours of which 240 hours must be in direct services			
<b>Human growth and development:</b> including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory			
<b>Social and Cultural Foundations:</b> including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns			

<p><b>The Helping Relationship:</b> individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party</p>			
<p><b>Group Counseling:</b> including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice</p>			
<p><b>Life-Style and Career Development:</b> including areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision making processes and career development exploration techniques;</p>			
<p><b>Individual Appraisal:</b> including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case study approaches, the study of individual differences, and consideration of ethnic, cultural, and sex factors</p>			
<p><b>Research and Evaluation:</b> including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives</p>			
<p><b>Professional Orientation:</b> professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor</p>			

**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.**