South Dakota Board of Examiners for Counselors and MFT's

LICENSEE APPLICATION For *APPROVAL* of PRESENTATIONS For CONTINUING EDUCATION CREDIT (ARSD 20:68:07:13)

A LICENSEE WHO DESIRES APPROVAL OF A PRESENTATION FOR CONTINUING EDUCATION CREDIT SHALL APPLY TO THE BOARD AT LEAST 30 DAYS **BEFORE** THE PRESENTATION. THE BOARD SHALL NOTIFY THE APPLICANT IN WRITING OF ITS DECISION WITHIN 20 DAYS AFTER THE REQUEST. **PLEASE INCLUDE A $25 REVIEW FEE.**

PRESENTATION:
a) The Licensee must include with this request a typed summary of the PRESENTATION and one letter of reference from a licensed counselor/therapist that verifies your intent to present.
b) The Licensee must also provide for the Board's file a form of verification of the PRESENTATION ***upon completion*.**

NAME OF LICENSEE: _____**EMAIL** _____

ADDRESS_____

CITY/ST/ZIP_____**PHONE** _____

DATE OF PRESENTATION:_____

HOURS REQUESTED:_____ [A maximum of 10 contact hours in each compliance period for each original presentation is allowed.]

SUBJECTS COVERED:

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LICENSEE'S QUALIFICATIONS AS PRESENTER: _____

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DESCRIBE HOW THE PRESENTATION IS RELATED TO PROFESSIONAL COUNSELING AND/OR MARRIAGE AND FAMILY THERAPY WITH AN EMPHASIS UPON SYSTEMIC APPROACHES OR THE THEORY, RESEARCH, OR PRACTICE OF PSYCHOTHERAPEUTIC WORK WITH INDIVIDUALS, COUPLES OR FAMILIES:

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STATE THE OBJECTIVES OF THE PRESENTATION AND THE KNOWLEDGE THE PARTICIPANTS WILL GAIN:

_____

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DESCRIBE THE CONTENT AND METHODOLOGY WHICH WILL ALLOW THE PARTICIPANTS TO MEET THE OBJECTIVES:

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_____

DESCRIBE THE METHOD TO BE USED BY THE PARTICIPANTS TO EVALUATE THE PRESENTATION:

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PLEASE ATTACH ANY DOCUMENTS, BROCHURES, OR SYLLABI PERTAINING TO THIS REQUEST AND MAIL TO:

SD BOARD OF EXAMINERS FOR COUNSELORS AND MFT'S
PO BOX 340
PIERRE, SD 57501
(605/224-1721)