

APPLICATION FOR LICENSURE COVER LETTER  
SUBMITTED TO  
SOUTH DAKOTA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS  
810 N. MAIN ST., #298  
SPEARFISH, SD 57783

I hereby apply to be considered for licensure by the South Dakota State Board of Examiners of Psychologists. I understand that South Dakota requires passing of the Examination for the Professional Practice of Psychology (EPPP) and an oral examination administered by the Board of Examiners.

I understand the EPPP is a national examination covering a broad spectrum of knowledge of psychology. The oral examination covers ethical practice and South Dakota State law governing psychologists and several board issued memorandums. The ethical principles for South Dakota psychologists is the 2005 ASPPB Code of Conduct, which is included in your application packet.

I have enclosed a \$300.00 non-refundable fee that covers the processing of my application credentials and the oral examination.(check or money order should be payable to SD State Board of Examiners of Psychologists.) I understand my application will be returned to me if I do not enclose the application fee with the application. I understand that if I have already obtained a passing score on the EPPP in another state or Canadian Province, the EPPP may be waived if my scores meet South Dakota's requirements. (To be considered for waiver you must first have the Professional Examination Service, 475 Riverside Drive, New York, NY 10027 send your test score directly to the SD State Board of Examiners of Psychologists.)

I understand that if I wish to sit for the EPPP, the Board of Examiners must have approved my completed application, including the completed Internship Confirmation Form. I understand that I will not be permitted to sit for the EPPP until my credentials are received and approved by the Board. After approval of my application, the board office will notify the testing company. The testing company will notify me directly with all instructions and fees.

I understand that if I have already taken the EPPP, the Board of Examiners must receive my completed application no fewer than 10 weeks in advance of the oral examination. The oral examination will be administered only after all application materials have been approved.

I have requested official transcripts from all my graduate programs to be sent directly by the institutions involved to the SD Board of Examiners of Psychologists.

I understand that at the discretion of the Board of Examiners I may be asked to furnish additional credentials or documentation.

I (have) (have not) made a previous application to the South Dakota State Board of Examiners of Psychologists. 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: \_\_\_\_\_

Date: \_\_\_\_\_