

For Board Use Only

Date of Application _____ \$ _____ Application Fee CK# _____ App# _____
Date of Oral Examination _____ Oral Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Y / N Date ASPPB Data Bank Checked _____ Y / N
Date of Licensure Fee Paid: _____ CK# _____ \$ _____ 1/4 1/2 3/4 1 year prorated

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

GENERAL INFORMATION (Please Type)

1. Name _____ 2. Degree _____
(Last) (First) (MI) (Previous name)

Social Security Number _____

3. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)

Business Phone (_____) _____

4. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)

Home Phone (_____) _____ Email Address: _____

5. Date of Birth _____ / _____ / _____ Place of Birth: _____

6. Gender: _____

7. Race : _____

8. Ethnicity (Please Circle One): Hispanic - Nonhispanic

9. Are you a Diplomate of American Board of Professional Psychology? Yes No

10. Are you or have you ever been licensed as a Psychologist in any other State or Province?
Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.

Give States/Provinces _____

Original Date _____ Number _____ Expiration Date _____

Give States/Provinces _____

Original Date _____ Number _____ Expiration Date _____

Give States/Provinces _____

Original Date _____ Number _____ Expiration Date _____

Give States/Provinces _____

Original Date _____ Number _____ Expiration Date _____

11. Have you ever taken the Examination for Professional Practice in Psychology (EPPP)? Yes No

If yes, in which States/Provinces? _____ Date _____

If yes, please have scores sent directly to the above address by EPPP.

- 12. Has any State/Province rejected your application or revoked your professional license or certificate? Yes No
- 13. Has any professional association rejected your application for membership or revoked a membership you held? Yes No
If yes, give complete details on a separate sheet.
- 14. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes No
If yes, give complete details on a separate sheet.
- 15. Have you ever been convicted of a crime other than misdemeanor traffic offenses? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in the case.
- 16. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decision in that case.
- 17. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No
- 18. Is your spouse an active duty member of the armed forces? Yes No
If yes, was your spouse subject to military transfer to South Dakota? Yes No
If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

19. EDUCATION OR TRAINING Please have transcripts sent directly to the Board office.

University Or College	Address (City, State, Zip)	Dates Attended (xx/xx/xxxx - xx/xx/xxxx)	Degree	Major Subject
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

20. DOCTORAL DEGREE:

Major Advisor _____

Department _____

Title of Dissertation _____

21. **Please attach a sheet arranging your courses to the content areas of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences. You must complete this requirement for your application to be approved. *Please see attached example on how to arrange.**

22. INTERNSHIP. (Please have supervisor complete internship form)

Name of Facility _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: (From) _____ (To) _____

Total Number of Internship Hours Completed _____

Nature of Training _____

Name of Direct Supervisor _____

Supervisor's Title _____

23. List major postdoctoral psychological experience (list supervisor, number of hours and dates): _____

24. My primary areas of intended professional practice are: _____

25. PROFESSIONAL EXPERIENCE (Please list current position first)

Employer Name (current) _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Start Date: _____ Primary Responsibilities _____

Supervisor _____

b. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

c. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

d. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

e. Position _____ Organization _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities _____

Supervisor _____

I declare and affirm under the 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 of Applicant

Date

The undersigned, having appeared before me and being identified as the same individual by appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Sworn to before me this _____

day of _____

Signature of Notary Public

My commission expires _____

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans with Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.