Application for Relicensure

Board of Examiners of Psychologists

810 N. Main Street #298 Spearfish, SD 57783 Ph. 605-642-1600

For Board Use Only				
Date Received:				
\$ CK#				
Approved By:				
Relicensure Period:				

*Please be advised the license renewal fee is \$300.00 payable by check or money order.

License #							
Please send all correspondence to my: _		Mail	Mailing Address Employm		_ Employmer	ent Address	
Licensee Name:							
	(Last)	(First)	(M	iddle)		(Maide	en)
Mailing Address:							
	(Street or P.O. Box	x)	(City)	(Sta	ate)	(Zip)	
Home Telephone: ()		Work Telep	hone: ()		
Employer Name:							
Employer Address:(\$							
(\$	Street and PO Box)		(Cit	ty)	(State)	(Z	<u>(ip)</u>
Email Address (Option	nal):						
☐ The above is	an address change	1					
	e renewing. Please d be sure to sign the					ormation	
	ginal date of your					Yes	No
Has this or any opposition of the professional license.							
proroccional necrico	o or cortinoato. If y	oo, provide	o ran dotano o	лга оора	rato orioot.		
2. Has any profess							
revoked a member							
Have you been f professional organi							
examiners of such							
separate sheet.							
4 115		4 - 4 4		:			
4. Have you been of your practice as a R							
5. Have you been o	convicted of a felon	y after bei	ng licensed ir	the state	e of South		
Dakota? If yes, pro	vide full details on	a separate	sheet.				
6. SDCL 25-7A-56	prohibits the issual	nce or rene	ewal of any st	tate regul	lated		

(Over)

license if an applicant owes \$1,000 or more in past due child support. Do you

owe more than \$1,000 in past due child support?

and affirm under the penalties of perju	(print name) hereby apply for licensure pard of Examiners of Psychologists. I declare ury that this renewal application has been knowledge and belief, is in all things true and
(Signature)	Date (mm/dd/yyyy)
Please initial here that you have encluded money order. Please make checks payable to	osed the \$300.00 renewal fee payable by check or the SD Board of Examiners of Psychologists.

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS CONTINUING EDUCATION REPORT FORM.

In South Dakota Law the number of CEU hours has not been specified, but you must complete SOME continuing education. Please list the continuing education that you obtained below. You may attach additional sheets if needed.

Date(s) of Program	Name of Presenter/Organization	Format (Webinar, Self- Directed, Seminar)	Program Title