



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

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**APPLICATION FOR 2019 LICENSE RENEWAL**

Please submit the following:

1. Completed application;
2. Required renewal fee (based on the license type(s) renewed); and
3. A copy of verification of any name change (marriage license, divorce decree, etc.).

*A licensing fee is required with this application. Your application will not be processed until the required fee is received. Your renewal application must be received by DECEMBER 31, 2018 or you may be subject to a late fee and inactivation of your license.*

**LICENSEE INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have another business location? YES NO

If yes, please provide additional business information on a separate sheet.

Do you prefer to receive mail from the Board at your: Home Business

Would you like to receive email communications from the Board? YES NO

**LICENSE INFORMATION**

Please denote the license you wish to renew and your corresponding license number:

License Professional Counselor (Renewal Fee \$100) License#: LPC \_\_\_\_\_

License Professional Counselor-Mental Health (Renewal Fee \$75) License#: LPC-MH \_\_\_\_\_

License Marriage and Family Therapist (Renewal Fee \$100) License#: LMFT \_\_\_\_\_

**CONTINUED ON BACK**

**LEGAL QUESTIONS** *(If you answer yes to any question, please provide a written explanation)*

Have you been convicted, pled no contest/nolo contendere, pled guilty or been granted a deferred judgement or suspended imposition of sentence or had prosecution deferred with respect to a felony in the previous 12 months?  
YES NO

Have you 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 in the previous 12 months? 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 in the previous 12 months? YES NO

Are you \$1,000 or more behind in child support payments? YES NO

**OTHER LICENSES**

Do you currently hold a valid license to practice in another state? YES NO

If yes, which state(s)? \_\_\_\_\_

Have you previously disclosed this license to the Board? YES NO  
If no, please attach a copy of the current license(s) with this application.

**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 Licensed Professional Counselor
- \$ 75 Licensed Professional Counselor – Mental Health
- \$100 Licensed Marriage and Family Therapist

**ATTESTATION BY APPLICANT**

*BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE 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 FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A 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 REGULATING PROFESSIONAL COUNSELING AND MARRIAGE AND FAMILY THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*For Office Use Only:* Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_