Qualified Mental Health Professional Registration and Training Instructions

Registration Instructions

Step 1: To start the training, visit the following site: https://dss.sd.gov/qmhp/Default.aspx

Step 2: Click “Register Here”

Step 3: Please fill out your contact information. Please ensure that all information is accurate as we will use the contact information to get a hold of you, as needed. Please remember this password, as this is what you will use to log in to take your test.
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**Step 4:** You will confirm your personal information by clicking **REGISTER.**

**Step 5:** Upon clicking **REGISTER,** you will then enter your **License Type and License Number.** If applicable, please enter **Employee Type and Employer.**

**Step 6:** Upon entering the applicable license information, please click **SAVE.**
Step 7: You will then be directed to the Login page. You will receive an email that states “Your QMHP account has been activated. You may now login.”

At this time the Division of Behavioral Health will review your license requirements and will approve you to continue the registration process further. Please allow 5-7 business days for processing.

Step 8: Please log in at: https://dss.sd.gov/qmhp/Default.aspx with your username and password created in STEP 3.

Step 9: Upon completion of logging in, you will click My Training.

Step 10: You will then click the option to login to the training, Qualified Mental Health Professional Training. You will then click REGISTER.
**Step 11:** Upon clicking “Register”, you will be advanced to the page that describes your qualifications to be a QMHP. Please ensure that you click the **applicable** licensing option that applies for you. *If you do not feel you fit in to one of these options, please reach out to the Division of Behavioral Health at DSSBHQMHP@state.sd.us.*

If you work for the federal government and are currently licensed in a profession in another state AND in good standing with the licensing board, and acting with the scope of the professional license, please click both boxes that apply.

**Example:**

- A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the professional's license.
Step 13: Upon clicking the appropriate licensing box, **below you will need to explain your experience and/or supervision.**

Please check the box that applies to you:
- [ ] A psychologist who is licensed to practice psychology in South Dakota.
- [ ] An advanced practice nurse with at least a master’s degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- [ ] A certified social worker with a master’s degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- [ ] A person who has a master’s degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision §36-27A-2(2).
- [ ] A counselor who is certified under chapter 36-32 as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- [x] A counselor who is certified under chapter 36-32 as a licensed professional counselor-mental health.
- [ ] A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.
- [ ] A physician assistant who is licensed under chapter 36-4A and either two years or one thousand hours of clinical experience that includes mental health evaluation and treatment.
- [ ] A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the profession’s license.

Please explain clinical experience and schooling

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Step 14: Upon explaining your supervised experience and schooling, **please verify that you have met the requirements, are in good standing and are acting within the scope of your professional licensure.**

Please check the box that applies to you:
- [ ] A psychologist who is licensed to practice psychology in South Dakota.
- [ ] An advanced practice nurse with at least a master’s degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- [ ] A certified social worker with a master’s degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- [ ] A person who has a master’s degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision §36-27A-2(2).
- [x] A counselor who is certified under chapter 36-32 as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- [x] A counselor who is certified under chapter 36-32 as a licensed professional counselor-mental health.
- [ ] A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.
- [ ] A physician assistant who is licensed under chapter 36-4A and either two years or one thousand hours of clinical experience that includes mental health evaluation and treatment.
- [ ] A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the profession’s license.

Please explain clinical experience and schooling

- [ ] I verify that I have read SDCL 36-32
- [ ] I verify that I meet the requirements of SDCL 27A-1-3
- [ ] I verify that my licensure is in good standing with the licensing board
- [ ] I verify that I am acting within the scope of my professional licensure
Step 15: Please type in your name and date stating that the above is true and accurate to the best of your knowledge.

By signing this document, I verify that all the above is true and accurate to the best of my knowledge.

Name: ____________________________  Date: ____________

Step 16: Please click “Continue”.

By signing this document, I verify that all the above is true and accurate to the best of my knowledge.

Name: ____________________________  Date: ____________

Continue  Cancel

Step 17: You will be taken to a new page. Please review all of your personal information. If all correct, please print this page and send to Division of Behavioral Health with your licensure and check/money order. Please remember that your registration will not be complete until you print the verification form.

TRAINING REGISTRATION CONFIRMATION

I verify that I have read SDCL 36-32
I verify that I meet the requirements of SDCL 27A-1-3
I verify that my licensure is in good standing with the licensing board.
I verify that I am acting within the scope of my professional licensure.

By signing this document, I verify that all the above is true and accurate to the best of my knowledge.

asdfsdf ____________________________  06/20/2019

Next Steps:
1. “Print” out this page.
2. Click “Register” and finish the registration process.
3. Upon successful registration, you will receive a confirmation email.
4. Please mail in a copy of the registration page, licensure, and check/money order to Division of Behavioral Health.
5. Registration approval may take up to 5-7 business days upon receipt of your registration page, licensure, and check/money order.
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**Step 18:** Upon completion of printing the registration page, you will now be able to click “Register”.

**Step 19:** Upon clicking “Register”, you will need to mail in a copy of the registration page, copy of your licensure and $15 check/money order to the Division of Behavioral Health.

**Step 20:** Once you have completed step 19, you will receive the following message notifying you have completed registration for the Qualified Mental Health Training. Once approved, you will receive an email notification indicating you have been approved for the training.

**Step 21:** Upon the receipt of all required documentation to Division of Behavioral Health and meeting all the licensure requirements, you will be approved to complete the training. Upon approval of training, you will receive an email notification to start the training.
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Training Instructions

Step 1: To start the training, visit the training site (https://dss.sd.gov/qmhp/Default.aspx) and click login.

Step 2: Enter your email address and password.

Step 3: Once you are logged in, click “My Training” on the left hand side of the page.

Step 4: After clicking on “My Training” you will be directed to the page to start the training. To start the training, click Start.
**Step 5:** Once you click “START”, select the *first module* to begin the training. Training modules must be completed in the order they are listed on the screen. **Please note there are 13 training modules. Please note there are 13 modules. You are not able to skip around on modules.

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Module Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMHP Introduction</td>
<td>New</td>
</tr>
<tr>
<td>Voluntary Admission of Adults</td>
<td>New</td>
</tr>
<tr>
<td>Voluntary Admission of Minors</td>
<td>New</td>
</tr>
<tr>
<td>Involuntary Commitment of Adults</td>
<td>New</td>
</tr>
<tr>
<td>Involuntary Commitment of Minors</td>
<td>New</td>
</tr>
<tr>
<td>Petition for Commitment</td>
<td>New</td>
</tr>
<tr>
<td>County Board of Mental Illness</td>
<td>New</td>
</tr>
<tr>
<td>Qualified Mental Health Professional (QMHP) Examination</td>
<td>New</td>
</tr>
<tr>
<td>Involuntary Commitment Hearing and the County Board of Mental Illness</td>
<td>New</td>
</tr>
<tr>
<td>Involuntary and Voluntary Status Change</td>
<td>New</td>
</tr>
<tr>
<td>Co-Occurring Commitment</td>
<td>New</td>
</tr>
<tr>
<td>Outpatient Commitment Orders and Treatment Orders</td>
<td>New</td>
</tr>
<tr>
<td>Human Services Center (HSC) Medical Limitations and Problems that Masquerade as Psychiatric Illnesses</td>
<td>New</td>
</tr>
</tbody>
</table>

**Step 6:** At the end of each module, you will have questions. *Please answer all questions or you will be marked as a failed attempt.* You have 30 minutes to answer the questions at the end of *each* module.

Each time you answer a question *wrong*, your score will drop. Please note, you need *above* a 75% to pass.
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If you get questions right, your score will **increase**.

Please note, under “**Module Status**”, upon completion of a module, it will say **complete** and you can move on to the next module. You **cannot** go back to a past module.

**Step 7:** Upon completion of training, your **score** will appear and your certificate will auto-populate. Please note your **expiration date and eligibility for renewal date**. To print your **certificate**, please click certificate.