Qualified Mental Health Professional Registration and Training Instructions

Registration Instructions

**Step 1**
To start the training, visit [https://dss.sd.gov/qmhp/Default.aspx](https://dss.sd.gov/qmhp/Default.aspx)

**Step 2**
Click “Register Here”

**Step 3**
Fill out your contact information and ensure that all information is accurate as we will use the contact information to get ahold of you as needed.

*Please remember this password, as this is what you will use to log in to take your test.*
Step 4

Confirm your personal information by clicking “Register”.

Step 5

Upon clicking “Register”, you will be directed to login and will receive an email from DSSQMHP@state.sd.us notifying you that your account has been activated. Login with the password you just created.

Step 6

Under “MY TRAINING” the most current training available will be displayed. Click “Register”.

Step 7

Fill out the following information that describes your qualifications to be a QMHP. Please ensure that you click the applicable licensing options 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 boards, and action with the scope of your professional license, please click both boxes that apply.

Step 8

Upon clicking the appropriate licensing box, you will need to explain your experience and/or supervision.

Step 9

Verify the following information.

☐ 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 10

Type your first and last name to sign and insert the date to verify 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.

Signature  mm/dd/yyyy

Date

Step 11

Click “Continue”.
Step 12

Review all personal information. If correct, please **print this page** and send to the Division of Behavioral Health with your licensure and check/money order.

*Registration is not complete until you print the verification form.*

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**TRAINING REGISTRATION CONFIRMATION**

User
Training
Occupation
Description

Testing
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.

_________________________     _____?

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 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 13

Upon completion of printing the registration page, you will now be able to click “Register”.

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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 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.
Step 14

Upon clicking “Register”, you will receive a confirmation email outlining instructions for submitting your required items to the Division of Behavioral Health.

Send the following to the address below

- A photocopy of your relevant professional license
- $15.00 nonrefundable fee by check and/or money order made out to the SD Division of Behavioral Health
- A copy of the signed registration page printout

Department of Social Services
Division of Behavioral Health
Attn: QMHP
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Step 15

Upon receipt of all the required documentations to the Division of Behavioral Health and meeting all licensure requirements, you will be approved to complete the training. Upon approval, you will receive an email notification to start the training. **Training must be completed within 30 days of initiating the training or it will be deemed as a failed attempt.**

Training Instructions

Step 1

To begin training, visit [https://dss.sd.gov/qmhp/Default.aspx](https://dss.sd.gov/qmhp/Default.aspx)

**WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING**

County Board of Mental Illness Member Training

Qualified Mental Health Professional Registration

[Login](#) or [Register Here](#)

Step 2

Enter email and password. Click login.
Step 3
Click “My Training” on the left-hand side of the page.

Step 4
You will be directed to a page to start the training. Click the “Start” button at the top next to the “Available Training”.

Step 5
Select the first module to begin training. Training modules must be completed in the order they are listed.

*Please note there are 13 modules. You are not able to skip modules.
Step 6

You will have questions at the end of each module. 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.

If you answer a question correctly, your score displayed on the “Training Modules” page will increase. Each time you answer a question wrong, your score will drop. Please note you need **above 75% to pass**.

Please note under “Module Status”, upon completion of a module, it will say “Completed” 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”.

<table>
<thead>
<tr>
<th>Training</th>
<th>Start Date</th>
<th>Date Completed</th>
<th>Completed By</th>
<th>Modules Completed</th>
<th>Status(%)</th>
<th>Certificate</th>
<th>Expiration Date</th>
<th>Renewal Date</th>
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</thead>
<tbody>
<tr>
<td>Qualified Mental Health Professional Training</td>
<td></td>
<td></td>
<td></td>
<td>13 / 13</td>
<td>Passed</td>
<td>Certificate</td>
<td></td>
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