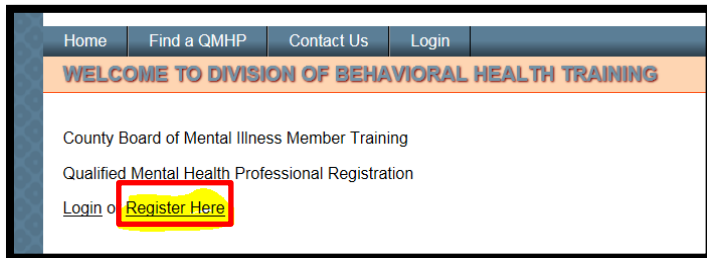


Qualified Mental Health Professional Registration and Training Instructions

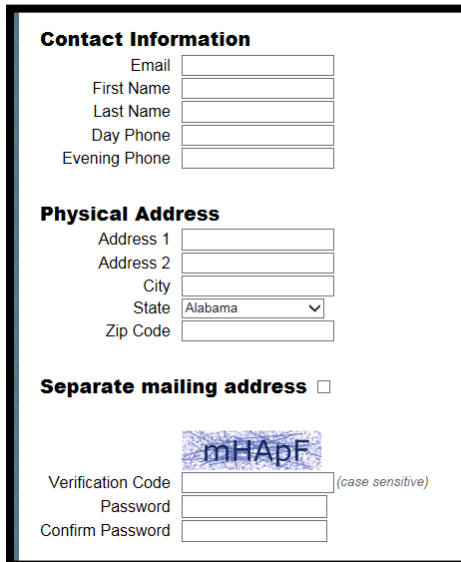
Registration Instructions

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

Step 2: Click “**Register Here**”



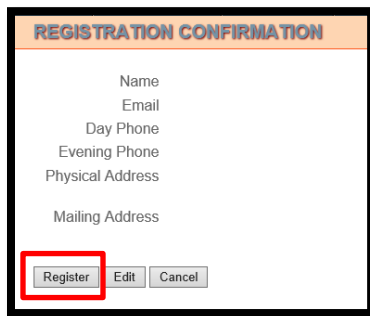
Step 3: Please fill out your contact information. Please ensure that all information is accurate as we will use the contact information to get a hold of you, as needed. **Please remember this password, as this is what you will use to log in to take your test.**

A registration form with the following sections:

- Contact Information**: Fields for Email, First Name, Last Name, Day Phone, and Evening Phone.
- Physical Address**: Fields for Address 1, Address 2, City, State (a dropdown menu currently showing 'Alabama'), and Zip Code.
- Separate mailing address**: A checkbox.
- Verification Code**: A field with a blue 'mHApF' watermark and the text '(case sensitive)'.
- Password**: A field.
- Confirm Password**: A field.

Qualified Mental Health Professional Registration and Testing Instructions

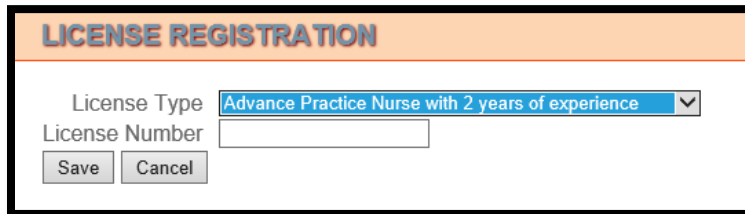
Step 4: You will confirm your personal information by clicking **REGISTER**.



REGISTRATION CONFIRMATION

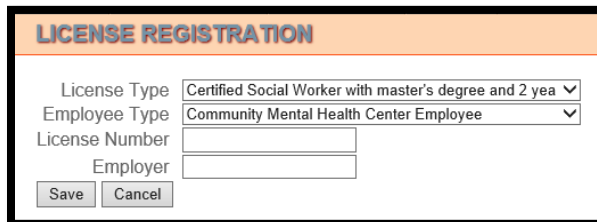
Name
Email
Day Phone
Evening Phone
Physical Address
Mailing Address

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



LICENSE REGISTRATION

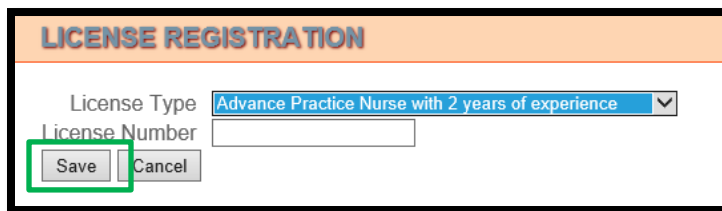
License Type
License Number



LICENSE REGISTRATION

License Type
Employee Type
License Number
Employer

Step 6: Upon entering the applicable license information, please click **SAVE**.



LICENSE REGISTRATION

License Type
License Number



LICENSE REGISTRATION

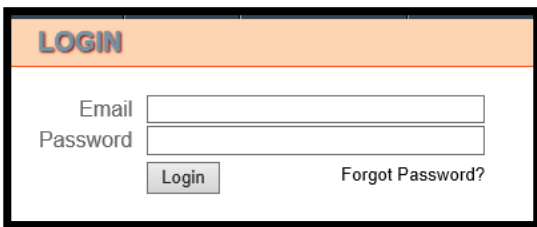
License Type
Employee Type
License Number
Employer

Qualified Mental Health Professional Registration and Testing Instructions

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.”**

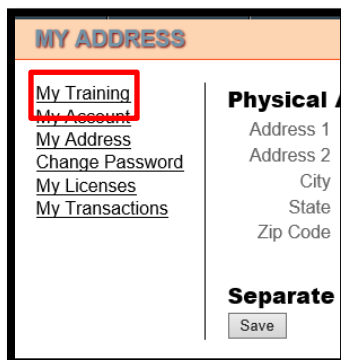
At this time the Division of Behavioral Health will review your license requirements and will approve you to continue the registration process further. Please allow 5-7 business days for processing.

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



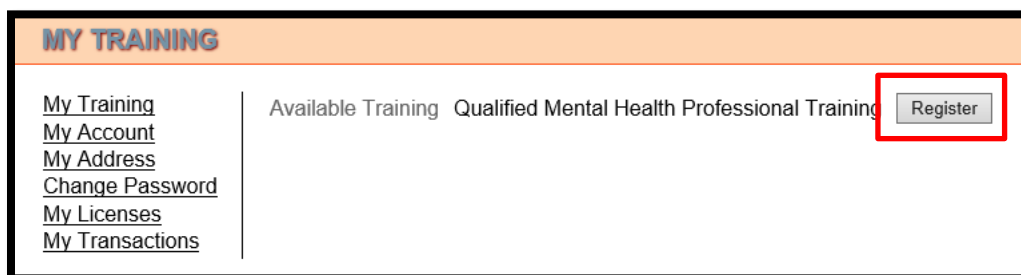
The screenshot shows a login form with the title "LOGIN" in an orange header. Below the header, there are two input fields: "Email" and "Password". To the right of the "Password" field is a link that says "Forgot Password?". Below the input fields are two buttons: "Login" and "Forgot Password?".

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



The screenshot shows a page titled "MY ADDRESS" in an orange header. On the left side, there is a list of navigation links: "My Training", "My Account", "My Address", "Change Password", "My Licenses", and "My Transactions". The "My Training" link is highlighted with a red box. On the right side, there is a section titled "Physical" with fields for "Address 1", "Address 2", "City", "State", and "Zip Code". Below this section is a "Separate" section with a "Save" button.

Step 10: You will then click the option to login to the training, Qualified Mental Health Professional Training. You will then click **REGISTER**.



The screenshot shows a page titled "MY TRAINING" in an orange header. On the left side, there is a list of navigation links: "My Training", "My Account", "My Address", "Change Password", "My Licenses", and "My Transactions". On the right side, there is a section titled "Available Training" with the text "Qualified Mental Health Professional Training" and a "Register" button. The "Register" button is highlighted with a red box.

Qualified Mental Health Professional Registration and Testing Instructions

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.*

TRAINING REGISTRATION

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.
- 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 thousands hours of clinical experience that includes mental health evaluation and treatment.

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:

TRAINING REGISTRATION

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.
- 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 thousands 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 professional's license.

Federal Agency

State of Licensure

Qualified Mental Health Professional Registration and Testing Instructions

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.
- 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 thousands 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 professional's license.

Please explain clinical experience and schooling

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).
- 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.
- 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 thousands 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 professional'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.

Qualified Mental Health Professional Registration and Testing Instructions

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.

Signature

mm/dd/yyyy
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.

Signature

Date

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

User
Training
Occupation
Description

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.

asdfasdf 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.

Qualified Mental Health Professional Registration and Testing Instructions

Step 18: Upon completion of printing the registration page, you will now be able to click “**Register**”.

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.

[Register](#) [Edit](#) [Print](#) [Cancel](#)

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.

MY TRAINING

[My Training](#)
[My Account](#)
[My Address](#)
[Change Password](#)
[My Licenses](#)
[My Transactions](#)

Training 'Qualified Mental Health Professional Training' is pending administrative approval. Please send in your forms and payment and check back later. Approval may take up to (5-7) days once your license and fee is received by the Division of Behavioral Health.

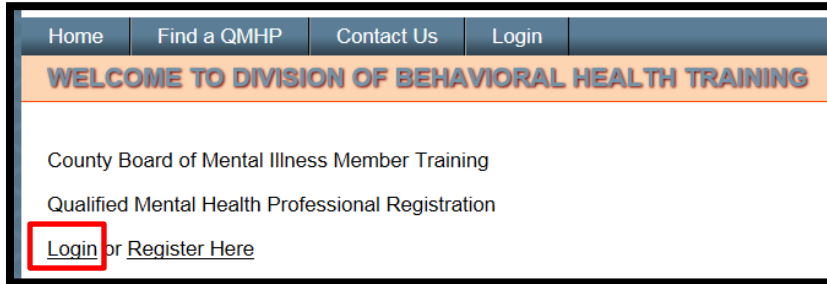
Training	Start Date	Date Completed	Completed By	Modules Completed	Status (%)	Certificate	Expiration Date	Renewal Date
Qualified Mental Health Professional Training				0 / 0	Pending			

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.

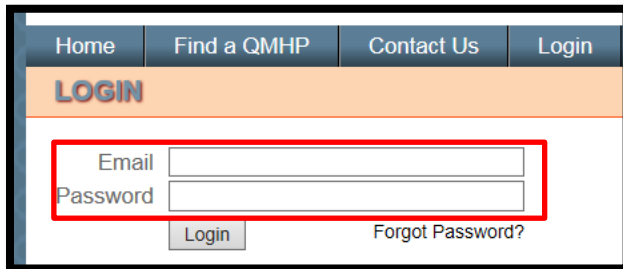
Qualified Mental Health Professional Registration and Testing Instructions

Training Instructions

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



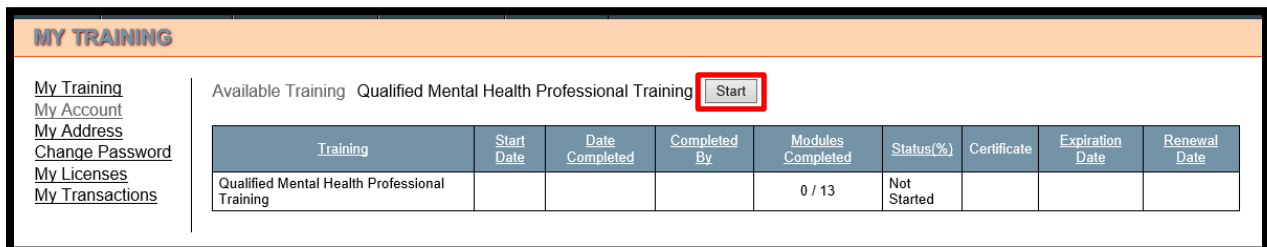
Step 2: Enter your **email address** and **password**.



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**.



Qualified Mental Health Professional Registration and Testing Instructions

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.**

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

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.

Warning

You will have 30 minutes to complete the quiz.

There are 1 questions on the quiz. Once you start the quiz, it must be completed or else it will be marked as a failed attempt.

Continue

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

Training Qualified Mental Health Professional Training

Description South Dakota state law requires Qualified Mental Health Professionals (QMHP) to participate in training provided by the South Dakota Department of Social Services. Only a QMHP may do the examination required as part of an involuntary mental illness commitment process.

Score 50%

Qualified Mental Health Professional Registration and Testing Instructions

If you get questions right, your score will **increase**.

Training	Qualified Mental Health Professional Training
Description	South Dakota state law requires Qualified Mental Health Professionals (QMHP) to participate in training provided by the South Dakota Department of Social Services. Only a QMHP may do the examination required as part of an involuntary mental illness commitment process.
Score	75%

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.

Module Name	Module Status
QMHP Introduction	Completed
Voluntary Admission of Adults	Completed
Voluntary Admission of Minors	Completed
Involuntary Commitment of Adults	New
Involuntary Commitment of Minors	New
Petition for Commitment	New

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.

Home	My Account	Find a QMHP	Contact Us	Log Out															
MY TRAINING																			
My Training My Account My Address Change Password My Licenses My Transactions	<table border="1"><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></tr></thead><tbody><tr><td>Qualified Mental Health Professional Training</td><td>5/14/2018</td><td>5/14/2018</td><td>6/13/2018</td><td>13 / 13</td><td>Passed (96%)</td><td>Certificate</td><td>5/14/2022</td><td>2/14/2022</td></tr></tbody></table>	Training	Start Date	Date Completed	Completed By	Modules Completed	Status(%)	Certificate	Expiration Date	Renewal Date	Qualified Mental Health Professional Training	5/14/2018	5/14/2018	6/13/2018	13 / 13	Passed (96%)	Certificate	5/14/2022	2/14/2022
Training	Start Date	Date Completed	Completed By	Modules Completed	Status(%)	Certificate	Expiration Date	Renewal Date											
Qualified Mental Health Professional Training	5/14/2018	5/14/2018	6/13/2018	13 / 13	Passed (96%)	Certificate	5/14/2022	2/14/2022											