

DEPARTMENT OF SOCIAL SERVICES
State of South Dakota

Board of Examiners for Counselors and MFT's
PO Box 340
Pierre, SD 57501
(605) 224-1721

TO: Sponsoring Agencies Requesting Credit Hour Post - Approval
FROM: Jennifer Stalley, Executive Secretary
SUBJECT: Continuing Education Program Approval Form

This memo is to inform you of the continuing education approval form for the South Dakota Board of Examiners. This is the form that must be completed in applying for credit hours for professional counselors.

This form must be submitted within 30 days after the date of your program. The Board will make no exceptions to this Rule. You must submit all the information that is requested on the form or your program will not be reviewed or considered. Only the sponsor of the program can apply for credit hour approval.

You will be notified in writing of the approval or disapproval of the program for credit hours.

Once the program is approved, **you must send each attendee a certificate of attendance with the approval number and the credit hours granted.** You must keep an attendance record for each participant and only give as many hours as they actually attended on the certificate of attendance. If the certificate of attendance does not clearly show the approval number and correct hours granted by this Board, the Board of Counselor Examiners has the option of not approving future education programs from the sponsoring organization.

You may duplicate this form as needed for applying for credit hour approval.

In the State of South Dakota, the licensed counselor needs 40 approved clock hours per 2-year compliance period.

If you have any questions, feel free to contact our office.

**SPONSOR APPLICATION FOR *POST-APPROVAL* OF
CONTINUING EDUCATION CREDIT {ARSD 20:68:07:11}**

SD Board of Examiners for Counselors and MFT's

ONLY A SPONSORING ORGANIZATION/AGENCY WHICH DESIRES POST-APPROVAL OF A CONTINUING EDUCATION PROGRAM OF ANY NATURE SHALL APPLY TO THE BOARD AT LEAST 30 DAYS AFTER THE PROGRAM IS PRESENTED AND **INCLUDE A NON-REFUNDABLE \$25 FEE** MADE PAYABLE TO SDBCE.

THE BOARD SHALL NOTIFY THE APPLICANT IN WRITING OF ITS DECISION WITHIN 30 DAYS AFTER BOARD CONSIDERATION OF THE PROGRAM.

NAME OF ORGANIZATION OR AGENCY SPONSORING THE PROGRAM:

DATE(S) OF PROGRAM: _____ CE HOURS REQUESTED: _____

Include printed program/brochure with complete schedule and topics offered.

TITLE OF PROGRAM: _____

NAMES AND QUALIFICATIONS OF SPEAKER(S): (if enclosing speaker bios, they must be brief and pertinent to program.)

DESCRIBE HOW THE PROGRAM IS RELATED TO PROFESSIONAL COUNSELING AND/OR MARRIAGE AND FAMILY THERAPY WITH AN EMPHASIS UPON SYSTEMIC APPROACHES OR THE THEORY, RESEARCH, OR PRACTICE OF PSYCHOTHERAPEUTIC WORK WITH INDIVIDUALS, COUPLES OR FAMILIES:

STATE THE OBJECTIVES OF THE PROGRAM AND THE KNOWLEDGE THE PARTICIPANTS WILL GAIN UPON COMPLETION OF THE PROGRAM:

DESCRIBE THE METHODOLOGY OF THE PROGRAM WHICH WILL ALLOW THE PARTICIPANTS TO MEET THE OBJECTIVES:

DESCRIBE THE METHOD TO BE USED BY THE PARTICIPANTS TO EVALUATE THE PROGRAM:

SPONSORING ORGANIZATION: _____

CONTACT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

Sponsor Signature _____

PLEASE ATTACH ANY BRIEF DOCUMENTS, PROGRAM/BROCHURES, OR SYLLABI, PERTAINING TO THIS ACTIVITY AND RETURN THIS FORM TO:

**SD BOARD OF EXAMINERS FOR COUNSELORS AND MFT'S
PO BOX 340
PIERRE, SD 57501
(605/224-1721)**