SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

SOUTH DAKOTA BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Email: sdbce@midwestsolutionssd.com
Website: dss.sd.gov/licensingboards/counselors/counselors.aspx

APPLICATION FOR LICENSURE

This is an application for licensure in South Dakota. Current Plan of Supervision number is required.

Please select one:						
☐ Application for Professional Co	unselor License (LPC)					
☐ Application for Professional Counselor License-Mental Health License (LPC-MH)						
☐ Application for Marriage and F	amily Therapist License (LMFT)					
Current Plan of Supervision number:						
3) Proof of a passing score on t4) Verification of any name of	g fee. the time of application helps exped d, the \$225 licensing fee is refunda	eed directly to the Bear applicable; dite the processing	Board;			
Address:	City:	State:	Zip:			
	ate of Birth:Social Security Number:					
E-mail:	Phone:					
Name of Business:	Pł	none:				
Address:	Citv:	State:	Zip:			

SUPERVISED EXPERIENCE – PLAN OF SUPERVISION Please provide the name of each Supervisor during your Plan of Supervision. Name of Supervisor: <u>License Type:</u> Dates of Supervision: License Type: Dates of Supervision: Name of Supervisor: Additional Supervisors should be listed on a separate page. Attachment A submitted to Board: ___Yes ___No Attachment A must be completed and submitted directly to the Board by each Supervisor. NATIONAL EXAMINATION Licensure in South Dakota requires passage of a **national examination**. Please indicate which national examination(s) you passed: Date of Exam: National Counselor Examination (NCE) National Clinical Mental Health Counselor Examination (NCMHCE) Date of Exam: National Examination in Marital and Family Therapy (AMFTRB) Date of Exam: Request your official national exam score be sent to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or released to the Board through the NBCC or AMFTRB online results portal. Date requested: **OTHER LICENSES** Do you currently hold a valid license to practice counseling in another state? YES NO If yes, which state(s)? If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or electronically to sdbce@midwestsolutionssd.com. Date requested: **MILITARY STATUS** YES NO Are you a member or the spouse of a member of the armed forces of the United States? If Yes, were you or your spouse the subject of a military transfer to South Dakota? Yes No If Yes, did you leave employment to accompany your spouse to South Dakota? _____Yes____No <u>LEGAL QUESTIONS</u> (If you answer yes to any question below, please provide a separate written explanation.) YES NO Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution

YES NO Have you ever been convicted, pled no contest/nolo contender, 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?

deferred with respect to a felony?

		-	ollined with a reprimand, censure, suspension, temporary usal to renew a professional license in any state?			
YES!	NO	Are you \$1,000 or m	ore behind in child support payments?			
YES1	NO	Have you previously	reviously made application for licensure to this Board?			
			eck, cashier's check, certified check or money order made ne applicable amount.			
]	□ \$2	25 license fee				
		To be signed	in the presence of a Notary Public			
I FURTHER UNDE TO MAKE FULL D LICENSE ISSUED F AGREE ALL INFOR FAMILIAR WITH T	RSTAN ISCLOS PURSU RMATI THE SC	ID THAT FALSE OR INCO SURE MAY RESULT IN T IANT TO THIS APPLICATION ON IN THIS APPLICATION OUTH DAKOTA CODIFIE	JBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. DRRECT INFORMATION, OMMISSIONS, INACCURACIES OR FAILURES HE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR HON AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I HN CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM DI LAWS AND ADMINISTRATIVE RULES REGULATING THE LICENSE Y SUCH LAWS AND REGULATIONS.			
Applicant Signa	ture		 Date			
State of)) SS)				
known to me or sand acknowledge	satisfa ed tha	ctorily proven to be th	applicant,, personally appeared, e same person whose name s subscribed to the written instrument, ame for the purposes therein contained. In witness where of, I			
(SEAL)			Notary Signature:			
			Notary Name:			
			My Commission Expires:			

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

Mail completed application and fee to:

SD Board of Examiners for Counselors & Marriage and Family Therapists PO Box 340 Pierre, SD 57501

For Office Use Only:						
License Fee	Check number	Amount				