

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@midwestsolutionsd.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 Counselor License (LPC)
- Application for Professional Counselor License-Mental Health License (LPC-MH)
- Application for Marriage and Family Therapist License (LMFT)

Current Plan of Supervision number: _____

Please submit:

- 1) Completed application;
- 2) **Attachment A** completed and submitted directly to the Board by each Supervisor;
- 3) Proof of a passing score on the required national exam submitted directly to the Board;
- 4) Verification of any name change (i.e. marriage/divorce), if applicable;
- 5) Verification of a license in another state, if applicable;
- 6) Quality color photograph of applicant; and
- 7) Refundable \$225 licensing fee.

Payment of the \$225 licensing fee at the time of application helps expedite the processing of the license, if approved. If the application is denied, the \$225 licensing fee is refundable.

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SUPERVISED EXPERIENCE – PLAN OF SUPERVISION

Please provide the name of each Supervisor during your Plan of Supervision.

Name of Supervisor: _____ License Type: _____ Dates of Supervision: _____

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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:

- ___ National Counselor Examination (NCE) Date of Exam: _____
- ___ 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

LEGAL QUESTIONS (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 contendere, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

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

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* _____ *Date* _____