

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](mailto:sdbce@midwestsolutionsd.com)  
Website: [dss.sd.gov/licensingboards/counselors/counselors.aspx](http://dss.sd.gov/licensingboards/counselors/counselors.aspx)

**APPLICATION FOR LICENSURE BY ENDORSEMENT**

*This is an application for out-of-state applicants who are currently licensed to practice counseling or marriage and family therapy in another state or territory of the United States and meet the requirements set forth by SDCL 36-32-67 and 36-33-45.*

**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)

**Please submit:**

- 1) Completed application;
- 2) Non-refundable \$100 application fee;
- 3) Verification of a license, at the highest level of independent practice, in another state(s) for at least 3 years;
- 4) Proof of a passing score on the required national exam submitted directly to the Board;
- 5) Proof of active practice in the previous 3 years;
- 6) Quality color photograph of applicant;
- 7) Verification of any name change (i.e. marriage/divorce); and
- 8) Refundable \$225 biennial license fee.

*The \$100 application fee is non-refundable and required at the time of application, along with the \$225 biennial licensing fee. 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: \_\_\_\_\_

**OTHER LICENSES**

Do you currently hold a valid license to practice in another state? \_\_\_\_\_ YES \_\_\_\_\_ NO

List of state(s) that you currently hold a valid license: \_\_\_\_\_

How many years have you held the license(s)? \_\_\_\_\_ License number(s) \_\_\_\_\_

***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](mailto:sdbce@midwestsolutionssd.com). Date requested: \_\_\_\_\_***

**NATIONAL EXAMINATION**

*Licensure by Endorsement in South Dakota requires passage of a **national examination**.*

Please indicate which national examination(s) you passed:

- \_\_\_\_\_ National Counselor Examination (NCE) Date of Exam: \_\_\_\_\_
- \_\_\_\_\_ Counselor Rehabilitation Certification Examination (CRC) Date of Exam: \_\_\_\_\_
- \_\_\_\_\_ National Clinical Mental Health Counselor Examination (NCMHCE) Date of Exam: \_\_\_\_\_
- \_\_\_\_\_ National Examination in Marital and Family Therapy (AMFTRB) Date of Exam: \_\_\_\_\_

*If you have not passed a national exam, you are not eligible for a license by endorsement.*

***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: \_\_\_\_\_***

**PROOF OF ACTIVE PRACTICE**

In the past 36 months, have you actively practiced\* counseling or marriage and family therapy in the state(s) where you currently hold an active license? \_\_\_\_\_ YES \_\_\_\_\_ NO

*\*For purposes of answering this question, "actively practiced" means at least 1,500 hours of clinical experience in the three years immediately preceding this application. Documentation of an active practice may be requested by the Board. Such documentation may include an affidavit, calendars, or other proof of an active practice by the applicant.*

**MILITARY STATUS**

Are you a member or the spouse of a member of the armed forces of the United States? \_\_ Yes \_\_ No

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?

\_\_\_ YES \_\_\_ NO Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state?

\_\_\_ YES \_\_\_ NO Are you \$1,000 or more behind in child support payments?

\_\_\_ YES \_\_\_ NO Have you previously made application for licensure to this Board?

**STATISTICAL INFORMATION**

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? \_\_\_ Female \_\_\_ Male

What is your race? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native    | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Decline to Provide |

**APPLICATION AND LICENSE FEES** Please include a personal check, cashier's check, certified check or money order made payable to the State of South Dakota for the applicable amount.

\$100 non-refundable application fee

\$225 Biennial license fee

**To be signed in the presence of a Notary Public**

*BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING THE LICENSE APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )  
 ) SS  
County of \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the above applicant, \_\_\_\_\_, personally appeared, known to me or satisfactorily proven to be the same person whose name s subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness where of, I have here unto set my hand and official seal.

(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 fees to:**

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

*For Office Use Only:*

*Application Fee*    *Check number* \_\_\_\_\_ *Amount* \_\_\_\_\_ *Date* \_\_\_\_\_

*License Fee*        *Check number* \_\_\_\_\_ *Amount* \_\_\_\_\_ *Date* \_\_\_\_\_