

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 PLAN OF SUPERVISION—PROFESSIONAL COUNSELOR –
MENTAL HEALTH**

No supervision hours can accrue until a Plan of Supervision is approved for the applicant.

Please submit:

- 1) Completed application;
- 2) **Attachment 1** completed and submitted directly to the Board by your Proposed Supervisor;
- 3) Proof of graduation (i.e. transcripts) from a CACREP program or a 48-hour master's degree in counseling from an accredited Institution submitted directly to the Board;
- 4) Verification of other licenses;
- 5) Quality color photograph of applicant; and
- 6) Verification of any name change (i.e. marriage/divorce).
- 7) Non-refundable \$100 application fee.

*The application fee for a Plan of Supervision is non-refundable. If the applicant uses more than one approved supervisor to meet the supervision requirements for full licensure, no fee will be charged for additional supervisors. If adding a 2nd (or 3rd) Supervisor, complete Page 1 and **Attachment 1**.*

APPLICANT INFORMATION

Name: _____ LPC License Number: _____

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

Date of Birth: _____ Social Security Number: _____

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

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

PROPOSED SUPERVISOR NAME

Name: _____ SD License Number: _____ Issue Date of License: _____

License type: LPC-MH LMFT CSW-PIP Psychologist Psychiatrist

Attachment 1 Completed: **Yes** **No** *Attachment 1 must be completed and submitted directly to the Board by the Proposed Supervisor.*

EDUCATION

Name of Post Graduate Institution: _____

City/State: _____

Date of Graduation: _____ Degree: _____

Was your program of study CACREP approved? Yes No*

**If No, complete Attachment 2 and document the content areas of your education.*

Have your transcripts been previously submitted to the Board? Yes No*

****If No, please request your school send an official copy of your transcripts directly 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. Transcripts must be received directly from the school to be valid. Date requested: _____***

NATIONAL EXAMINATION

A passing score on the National Clinical Mental Health Counselor Examination (NCMHCE) is required prior to applying for licensure for a Licensed Professional Counselor-Mental Health (LPC-MH).

When completed, request your official NCMHCE 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 online results portal.

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?

____ 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?

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: _____

APPLICATION FEE 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

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 PROFESSIONAL COUNSELING 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 fee to:

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

Board Use Only:

Application Fee *Check number* _____ *Amount* _____ *Date* _____

ATTACHMENT 2 COURSEWORK REQUIREMENTS PROFESSIONAL COUNSELOR – MENTAL HEALTH

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.

Content Area	Course Number(s)	Course Title(s)	College/ University
Counseling theory: including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;			
Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;			
Counseling Practicum			
Counseling Internship			
Human growth and development: including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory;			
Social and Cultural Foundations: including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns;			
Group counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;			
Life-style and career development: including areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision-making processes and career development exploration techniques;			
Individual appraisal: including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case study approaches, the study of individual differences, and consideration of ethnic, cultural, and sex factors;			
Research and evaluation: including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;			

<p>Professional orientation: professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor.</p>			
<p>Psychopathology: including the general principles and practices of etiology, diagnosis, treatment, and prevention of mental and emotional disorders and dysfunctional behavior, and the general principles and practices for the promotion of optimal mental health;</p>			
<p>Clinical assessment: including the specific models and methods for assessing mental status and the identification of mental illness or abnormal, deviant, or psychopathologic behavior by obtaining appropriate behavioral data using a variety of techniques, including non-projective personality assessments and achievements, aptitude, and intelligence testing, and translating findings in the diagnostic and statistical manual categories;</p>			
<p>Psychopharmacology: including the basic classification, indications, and contraindications of the commonly prescribed psychopharmacological medications for the purpose of identifying the effects and side effects of prescribed psychotropic medications;</p>			
<p>Case management: including the guidelines for conducting an intake interview and mental health history for planning and managing of client caseload manual categories;</p>			
<p>Foundation of mental health: including the specific concepts and ideas related to mental health education, outreach, prevention, and mental health promotion.</p>			