

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 PLAN OF SUPERVISION—PROFESSIONAL COUNSELOR**

*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) Proof of a passing score on the National Counselor Examination (NCE) submitted directly to the Board;
- 5) Verification of other licenses;
- 6) Quality color photograph of applicant;
- 7) Verification of any name change (i.e. marriage/divorce); and
- 8) 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 2<sup>nd</sup> (or 3<sup>rd</sup>) Supervisor, complete and submit Page 1 and **Attachment 1**.*

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

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\* \_\_\_ LPC-MH \_\_\_ LMFT \_\_\_ CSW-PIP \_\_\_ Psychologist \_\_\_ Psychiatrist

\*  If Proposed Supervisor is an LPC, I acknowledge that my direct client contact hours and supervision hours acquired under the plan of supervision will not be allowed to be carried forward to an PC-MH Plan of Supervision in the future.

**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.*

***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](mailto:sdbce@midwestsolutionssd.com). Transcripts must be received directly from the school to be valid. Date requested: \_\_\_\_\_***

**NATIONAL EXAMINATION**

A passing score on the National Counselor Examination (NCE) is required prior to beginning a Plan of Supervision – Professional Counselor. Date of Examination: \_\_\_\_\_

***Please 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 online results portal. 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?

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

**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.

- Asian  Hispanic or Latino
- American Indian or Alaska Native  White or Caucasian
- Black or African American  Other
- Native Hawaiian or Pacific Islander  Decline to Provide

**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

*For Board Use Only:*

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

**ATTACHMENT 2 COURSEWORK REQUIREMENTS  
PROFESSIONAL COUNSELOR**

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
<b>Counseling theory:</b> including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;			
<b>Counseling techniques:</b> including individual counseling practices, methods, facilitative skills, and the application of these skills;			
<b>Counseling Practicum</b>			
<b>Counseling Internship</b>			
<b>Human growth and development:</b> 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;			
<b>Social and Cultural Foundations:</b> 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;			
<b>The helping relationship:</b> individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party;			
<b>Group counseling:</b> including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;			
<b>Life-style and career development:</b> 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;			
<b>Individual appraisal:</b> 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;			
<b>Research and evaluation:</b> including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;			
<b>Professional orientation:</b> 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.			