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 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) or proof of a passing score on the Counselor Rehabilitation Certification Examination (CRC) 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^{nd} (or 3^{rd}) Supervisor, complete and submit Page 1 and Attachment 1.

APPLICANT INFORMATION

Name:					
Address:	City:	State:	Zip:		
Date of Birth:	Social Security Numb	Social Security Number:			
E-mail:	Phone:	Phone:			
Name of Business:		Phone:			
Address:	City:	State:	Zip:		
PROPOSED SUPERVISOR N	NAME				
Name:	SD License Number:	_ Issue Date of Li	cense:		
* If Proposed Supervisor	LPC-MHLMFTCSW-PIP r is an LPC, I acknowledge that my direct clie an of supervision will not be allowed to be c	ent contact hours a	nd supervision		
Attachment 1 Completed:	: YesNo Attachment 1 <u>must</u> be con	mpleted and submi	itted directly to the		

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. Transcripts must be received directly from the school to be valid. Date requested: **NATIONAL EXAMINATION** A passing score on the National Counselor Examination (NCE) or Counselor Rehabilitation Certification Examination (CRC) 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 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 contender, 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 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?

Are you \$1,000 or more behind in child support payments?

Have you previously made application for licensure to this Board?

suspension, probation, revocation, or refusal to renew a professional license in any state?

YES

YES

YES NO

NO

NO

Have you been disciplined with a reprimand, censure, suspension, temporary

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:
CTATICTICAL INFORMATION
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, OMMISSIONS, 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
) 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

witness where of, I have here unto set my hand and official seal.

written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In

(SEAL)	Notary Signature:
	Notary Name:
	My Commission Expires:
Attach Photo Here	Mail completed application and fee to:
For identification purposes,	SD Board of Examiners for Counselors & Marriage and Family Therapists PO Box 340
the applicant shall furnish one color headshot taken	Pierre, SD 57501
not more than six months	
before the date of application.	
or Board Use Only:	
or Board Ose 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, <u>include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.</u>

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;			
The helping relationship: 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;			
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;			
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.			