

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

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 2nd (or 3rd) 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. 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 ____ 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?

(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
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.			