

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 TO REACTIVATE LICENSE**

*This is an application to reactivate an inactive or expired license.*

<p>Reactivate an Inactive or Expired license:    <input type="checkbox"/> Inactive    <input type="checkbox"/> Expired*</p> <p><i>*If expired, complete the national exam section, page 2.</i></p> <p>Check license type:    <input type="checkbox"/> LPC    <input type="checkbox"/> LPC-MH    <input type="checkbox"/> LMFT</p>
---

Name: \_\_\_\_\_ Previous License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**LEGAL QUESTIONS**

***(If you answer yes to any question below and have not previously disclosed to the Board the details of the incident, 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?



**LICENSE RENEWAL 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:

- \$225 refundable biennial license renewal fee for reactivating an **inactive** or **expired** license

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 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

**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:*  
*Renewal Fee* \_\_\_\_\_ *Check number* \_\_\_\_\_ *Amount* \_\_\_\_\_ *Date* \_\_\_\_\_