

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 TO RENEW PLAN OF SUPERVISION

Application to renew your plan of supervision must be submitted at least 30 days before the expiration of the current plan of supervision.

Please select one:

Application to renew Plan of Supervision for Professional Counselor (LPC)

Application to renew Plan of Supervision for Professional Counselor-Mental Health (LPC-MH)

Application to renew Plan of Supervision for Marriage and Family Therapist (LMFT)

Current Plan of Supervision number: _____ **Current Plan of Supervision Expires:** _____

Please submit:

- 1) Completed application;
- 2) Non-refundable \$100 application fee.

SUPERVISEE INFORMATION

Name: _____

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

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

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

LIST CURRENT SUPERVISOR(S) NAME(S)

Name: _____ SD License Number: _____

Name: _____ SD License Number: _____

Name: _____ SD License Number: _____

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

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: _____

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?

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

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 _____