

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 INACTIVE LICENSE**

*This is an application to inactivate your counseling license.*

**Check all that apply:**

- Inactivate Professional Counselor License (LPC)
- Inactivate Professional Counselor License-Mental Health (LPC-MH)
- Inactivate Marriage and Family Therapist (LMFT)

**Please submit:**

1. Completed application; and
2. Non-refundable \$25 inactive license fee.

Name: \_\_\_\_\_ License Number(s): \_\_\_\_\_

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

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

An inactive license is **not a license to practice** professional counseling. An inactive license will expire **four years** after date of issuance. An inactive license can be reactivated within the four year period by payment of the license renewal fee and proof of having completed the required continuing education during the preceding two-year period.

*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 THE LICENSE APPLIED FOR AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Board Use Only:*  
Inactive License Fee \$ \_\_\_\_\_ Check number \_\_\_\_\_ DSS Code \_\_\_\_\_ Date \_\_\_\_\_