

South Dakota Board of Examiners for Counselors & Marriage and Family Therapists

P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340 Ph: 605-224-1721 Fax: 1-888-425-3032

APPLICATION FOR MARRIAGE AND FAMILY THERAPIST BY ENDORSEMENT

Please provide:

- 1) Completed Application;
- 2) Non-refundable \$100 application fee;
- 3) Copy of driver's license or government issued ID;
- 4) Quality color photograph of applicant;
- 5) Verification of any name change (i.e. marriage/divorce);
- 6) Verification of a license, at the highest level of independent practice, in another state(s) for at least 5 years;
- 7) Proof of a passing score on the National Examination in Marital and Family Therapy;
- 8) Proof of active practice in the previous 3 years; and
- 9) Refundable \$100 licensing fee.

Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

The \$100 application fee is non-refundable. Payment of the \$100 licensing fee at the time of applications helps expedite the processing of the license, if approved. If the application is denied, the \$100 licensing fee is refundable.

APPLICANT INFORMATION

Name:		
Address:		
City:	State:	Zip:
E-mail:	Phone:	
Date of Birth:	Social Security N	umber:
OTHER LICENSES		
Do you currently hold a valid license to p	ractice in another state?	YES NO
If yes, which state(s)?		
If yes, is the level of license the histate? YES NO	_	ofessional counselor in that
How many years have you held th	ne license(s)?	

Please attach a copy of the current license(s) with this application and request the issuing state send a Letter of Verification to the South Dakota Board of Examiners of Counselors and Marriage & Family

Therapists at PO Box 340, Pierre, SD 57501

10.1.19 Page 1 of 3

NATIONAL EXAMINATIONS

Provide information concerning your passage of Therapy:	the National Examination in Marital and Family
Date of Examination:	Score:
Marriage & Family Therapists at PO Box 340,	the South Dakota Board of Examiners of Counselors and Pierre, SD 57501 or released to the Board through the erapy Regulatory Board's online results portal.
PROOF OF ACTIVE PRACTICE	
In the past 36 months, have you actively practistate(s) where you currently hold an active lice	ced* counseling at the highest level of licensure in the nse? YES NO
experience in the three years immediately pre- practice may be requested by the Board. Such	tively practiced" means at least 1,500 hours of clinical eceding this application. Documentation of an active h documentation may include an affidavit, calendars, ctive practice by the applicant.
MILITARY STATUS	
Are you a member or the spouse of a member o	f the armed forces of the United States?Yes No
If Yes, were you or your spouse the subjec	t of a military transfer to South Dakota? Yes No
If Yes, did you leave employment to accom	npany your spouse to South Dakota? Yes No
LEGAL QUESTIONS (If you answer yes to a	ny question, please provide a written explanation.)
Have you ever been convicted, pled no contest deferred judgment or suspended imposition of to a felony?YESNO	/nolo contender, pled guilty or been granted a sentence or had prosecution deferred with respect
Have you ever been convicted, pled no contest deferred judgement or suspended imposition or respect to a misdemeanor other than a class 2 t	•
Have you been disciplined with a reprimand, correvocation, or refusal to renew a professional li	ensure, suspension, temporary suspension, probation, cense in any state?YESNO
Are you \$1,000 or more behind in child support	t payments? YESNO
Have you previously made application for lices	nsure to this Board? YES NO
STATISTICAL INFORMATION	
These questions are asked for statistical purpos	es. Your answers are optional.
What is your gender? Female	Male
What is your race? Please check all that app	ly.

10.1.19 Page **2** of **3**

☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Pacific Island ☐ Hispanic or Latino ☐ White or Caucasian ☐ Other ☐ Decline to Provide	
APPLICATION FEE Please include a personal comoney order made payable to the State of South D	
\square \$100 non-refundable application	fee
□ \$100 licensing fee	
To be signed in the pres	sence of a Notary Public
BY MY SIGNATURE BELOW, I VERIFY, UNDER PENACOMPLETING THIS APPLICATION AND THAT ALL I CORRECT TO THE BEST OF MY KNOWLEDGE. I FUINCORRECT INFORMATION, OMMISSIONS, INACCUDISCLOSURE MAY RESULT IN THE CANCELLATION LICENSE ISSUED PURSUANT TO THIS APPLICATION PROCEEDINGS. I AGREE ALL INFORMATION IN THE INVESTIGATED. I HAVE READ, AND AM FAMILIAR ADMINISTRATIVE RULES REGULATING MARRIAGE ABIDE BY SUCH LAWS AND REGULATIONS.	INFORMATION SUBMITTED IS TRUE AND URTHER UNDERSTAND THAT FALSE OR URACIES OR FAILURES TO MAKE FULL NOR DENIAL OF A PLAN OF SUPERVISION OR IN AND MAY BE SUBJECT TO CIVIL AND CRIMINAL HIS APPLICATION CAN BE VERIFIED AND WITH THE SOUTH DAKOTA CODIFIED LAWS AND
Applicant Signature	Date
State of)	
On this day of, 20, the above applicant appeared, known to me or satisfactorily proven to be the instrument, and acknowledged that he/she executed the swhere of, I have here unto set my hand and official seal.	same person whose name s subscribed to the written same for the purposes therein contained. In witness
(SEAL)	Notary Signature:
	Notary Name:
	My Commission Expires:

10.1.19 Page **3** of **3**