



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

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**APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE-MENTAL HEALTH 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 Counselor Examination
- 8) Proof of a passing score on the National Clinical Mental Health Counselor Examination;
- 9) Proof of active practice in the previous 3 years; and
- 10) Refundable \$75 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 \$75 licensing fee at the time of applications helps expedite the processing of the license, if approved. If the application is denied, the \$75 licensing fee is refundable.

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

OTHER LICENSES

Do you currently hold a valid license to practice in another state? _____ YES _____ NO

If yes, which state(s)? _____

If yes, is the level of license the highest level of licensure for a professional counselor in that state? _____ YES _____ NO

How many years have you held the 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

NATIONAL EXAMINATIONS

Provide information concerning your passage of the National Counselor Examination:

Date of Examination: _____ Score: _____

Provide information concerning your passage of the National Clinical Mental Health Counselor Examination:

Date of Examination: _____ Score: _____

Please request your official exam scores be sent to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501 or released to the Board through the NBCC online results portal.

PROOF OF ACTIVE PRACTICE

In the past 36 months, have you actively practiced* counseling at the highest level of licensure in the state(s) where you currently hold an active license? _____ YES _____ NO

**For purposes of answering this question, “actively practiced” means at least 1,500 hours of clinical experience in the three years immediately preceding this application. Documentation of an active practice may be requested by the Board. Such documentation may include an affidavit, calendars, or other proof of an active practice by the applicant.*

MILITARY STATUS

Are you a member or the spouse of a member of the armed forces of the United States? __ Yes __ No

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, please provide a written explanation.)*

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? _____ YES _____ NO

