



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

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APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR

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 in another state(s);
- 7) Proof of a passing score on the National Counselor Examination;
- 8) Original transcript sent directly from the university;
- 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 Number: _____

Business Name: _____

Business Address: _____ State: _____ Zip: _____

Business Phone: _____

SUPERVISED EXPERIENCE – PLAN OF SUPERVISION

The applicant must have two thousand (2,000) hours post-graduate supervised experience in counseling acceptable to the Board, completed within five years of issuance of a plan of supervision, of which at least 800 hours of direct client contact and the remainder is (non-administrative) counseling-related activities. A minimum of one hour of face-to-face supervision per week must take place for a total of at least 100 hours. Of these 100 hours, at least 50 hours must be face-to-face. The balance may be by secured telephone conferencing/interactive video conferencing, or group supervision. Any conferencing method must be secured to ensure the conference will not be intercepted or listened to by unauthorized persons.

Name of Supervisor _____

Name of Supervisor _____

Name of Supervisor _____

Name of Supervisor _____

Submit a separate Attachment A for each approved supervisor.

GRADUATE COUNSELING PROGRAM

List the institution(s) from which you have received your graduate degree in counseling.

University/College: _____

City: _____ State: _____

Degree: _____ Date Granted: _____

Was your University/College CACREP accredited during your enrollment?

_____ Yes _____ No

If your University/College was not CACREP accredited, you must submit Attachment B with this application.

Has your graduate degree transcript been sent to SDBCE? _____ Yes _____ No

A transcript of your degree must be sent directly to the SDBCE by the institution awarding the degree. Please request a transcript be sent to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501

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. The issuing state must send a verification of licensure directly to the South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501

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

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? _____ Female _____ Male

What is your race? Please check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other
- Decline to Provide

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 **(if previously submitted with a Plan of Supervision Application you do not need to include this fee)**
- \$100 licensing fee

Attachment A – Continued

I have reviewed the applicant's statements on this Attachment A. They are _____ / are not _____ substantially correct. (Please add any corrections on a separate sheet of paper.)

The quality of the applicant's performance during the supervision was: (check one)

Outstanding _____ Good _____ Fair _____ Poor _____

Rank the applicant from 1 - 5 (**5 as the highest**) on their performance and understanding of the following:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Counseling psychotherapy techniques | 1 | 2 | 3 | 4 | 5 |
| 2. Appraisal, evaluation, and diagnostic procedures | 1 | 2 | 3 | 4 | 5 |
| 3. Treatment planning and implementation | 1 | 2 | 3 | 4 | 5 |
| 4. Case management and record keeping | 1 | 2 | 3 | 4 | 5 |
| 5. Professional identity and function | 1 | 2 | 3 | 4 | 5 |
| 6. Professional ethics and standards of practice | 1 | 2 | 3 | 4 | 5 |

Supervision shall include at a minimum two of the four following methods:

1. The presentation and staffing of cases
2. The critiquing of audio or video counseling tapes
3. The direct observations of the supervisee; or
4. Co-counseling with the supervisee

What were the two or more methods you used to comply with this requirement?

I held an active license during the entirety of this supervision period: _____ Yes _____ No

Licensed by _____ License Type _____ License # _____

I attest to the fact that I was solely responsible for this applicant's supervision as documented on this Attachment A, and that we were compliant with SD Laws and Administrative Rules. I declare and affirm under the penalties of perjury that this form is in all things true and correct. I understand that misstatement of material fact may result in denial of the application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.

Supervisor's Signature

Date

ATTACHMENT B – COURSEWORK REQUIREMENTS LICENSED PROFESSIONAL COUNSELOR

If your University/College **was not** CACREP accredited at the time you received your degree, you must complete Attachment B to demonstrate your degree meets the educational standards for licensure.

ACADEMIC REQUIREMENTS

Academic requirements must be completed at a university/college accredited by one of the following. Check your school's accreditation body:

- _____ (1) Middle States Association of Colleges and Secondary Schools
- _____ (2) New England State Association of Colleges and Secondary Schools
- _____ (3) North Central Association of Colleges and Secondary Schools
- _____ (4) Northwest Association of Colleges and Secondary Schools
- _____ (5) Southern Association of Colleges and Secondary Schools
- _____ (6) Western Association of Schools and Colleges (Formerly known as Western College Association)

A minimum 48-hour Master's degree in Counseling or related program which includes coursework in the specific content areas described below. Indicate which course number(s) from your transcript meet(s) these course requirements.

Content Area	Course Number(s)	Course Title(s)	College/University
Counseling Theory: including a study of basic theories and principles of counseling and philosophic bases of the helping relationship			
Counseling Techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills			
Counseling Practicum: a practicum consists of no less than 100 hours, of which 40 hours are direct service			
Counseling Internship: the supervised internship may be no less than 600 hours of which 240 hours must be in direct services			
Human growth and development: including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory			
Social and Cultural Foundations: including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns			

<p>The Helping Relationship: individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party</p>			
<p>Group Counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice</p>			
<p>Life-Style and Career Development: including areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision making processes and career development exploration techniques;</p>			
<p>Individual Appraisal: including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case study approaches, the study of individual differences, and consideration of ethnic, cultural, and sex factors</p>			
<p>Research and Evaluation: including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives</p>			
<p>Professional Orientation: professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor</p>			

If a course title is not clearly indicative of the content areas as outlined above include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.