



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

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APPLICATION FOR 2020 LICENSE RENEWAL

Please submit the following:

1. Completed application;
2. Proof of required continuing education;
3. Required renewal fee (based on the license type(s) renewed); and
4. A copy of verification of any name change (marriage license, divorce decree, etc.).

A fee is required with this application. Your application will not be processed until the required fee is received. Your renewal application must be received by DECEMBER 31, 2019 or you may be subject to a \$50 late fee and inactivation of your license.

LICENSEE INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Do you have another business location? YES NO

If yes, please provide additional business information on a separate sheet.

Do you prefer to receive mail from the Board at your: Home Business

Would you like to receive email communications from the Board? YES NO

LICENSE INFORMATION

Please denote the license(s) you wish to renew and your corresponding license number(s):

Licensed Professional Counselor (Renewal Fee \$100) License# LPC _____

Licensed Professional Counselor-Mental Health (Renewal Fee \$75) License# LPC-MH _____

Licensed Marriage and Family Therapist (Renewal Fee \$100) License# LMFT _____

Revised 9-24-19

CONTINUING EDUCATION REQUIREMENTS

The South Dakota Board of Examiners for Counselors & Marriage and Family Therapists requires that each licensee accumulate at least 40 hours of continuing education every two years. (SDCL 36-32-23) Accepted continuing education an academic course, workshop, clinic, forum, lecture, program, seminar or other educational activity developed for the purpose of increasing or sustaining the proficiency of licensees in the practice of counseling. (ARSD 20:68:07:01) At least 4 of the hours accumulated each compliance period must be on the subject of ethics. (ARSD 20:68:07:02)

The Board accepts continuing education credits from programs accredited, approved, or presenting by the following national organizations:

- 1) National Board for Certified Counselors (NBCC);
- 2) American Psychological Association (APA);
- 3) American Association of Marriage and Family Therapists (AAMFT);
- 4) National Association of Social Workers (NASW);
- 5) Commission on Rehabilitation Counselor Certification (CRCC);
- 6) American Medical Association Physician's Recognition Award Category 1; and
- 7) Joint Commission for Accreditation of Health Care Organizations (JCAHCO).

The Board also accepts continuing education courses that have been approved by the Board and assigned a course number. Board approved courses for this compliance period are assigned a course number that begins with BCE-2018 or BCE-2019.

Please list each continuing education program you are claiming in the spaces provide below. Include a copy of the certificate of completion for the course(s) you are submitting to meet the requirement of 4 hours of ethics this compliance period. **Note:** You must keep documentation of all the continuing education hours you list to meet the continuing education requirements to renew your license for at least five years. Your continuing education may be audited by the Board to verify compliance. (ARSD 20:68:07:04)

Continuing education must be acquired between January 1, 2018 and December 31, 2019.

Date	Type (Ethics or General)	Title of Course	Course Sponsor	Course Number	Hours
Example 1/1/18	Ethics	Ethics for Counselors	SD Counseling Association	BCE-2018-001	4

LEGAL QUESTIONS

Please answer the following questions: *If you answer yes to any question, please provide a written explanation on a separate sheet.*

Have you been convicted, pled no contest/nolo contendere, pled guilty or been granted a deferred judgement or suspended imposition of sentence or had prosecution deferred with respect to a felony in the previous 12 months?

YES

NO

Have you 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 in the previous 12 months?

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 in the previous 12 months?

YES

NO

Are you \$1,000 or more behind in child support payments?

YES

NO

OTHER LICENSES

Do you currently hold a valid license to practice in another state?

YES

NO

If yes, which state(s)? _____

Have you previously disclosed this license to the Board?

YES

NO

If no, please attach a copy of the current license(s) with this application.

APPLICATION FEE

Please include a personal check, cashier's check certified check or money order made payable to the State of the South Dakota for the applicable amount.

\$100 Licensed Professional Counselor

\$75 Licensed Professional Counselor – Mental Health

\$100 Licensed Marriage and Family Therapist

ATTESTATION BY APPLICANT

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE 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 FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A 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 REGULATING PROFESSIONAL COUNSELING AND MARRIAGE AND FAMILY THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

Signature of Applicant

Date

For Office Use Only: Check # _____

Amount _____

Date _____