





**SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS**

**SOUTH DAKOTA LICENSED MARRIAGE AND FAMILY THERAPIST by ENDORSEMENT**

**STATE BOARD VERIFICATION FORM**

**(Applicant, please send this form to your State Licensing Office)**

***ATTENTION:*** *By providing us this necessary information we can make a determination whether to grant this Applicant a license. We thank you in advance for your time and consideration.*

I, SECRETARY OF THE \_\_\_\_\_ LICENSING BOARD, CERTIFY THAT  
\_\_\_\_\_  
(APPLICANT NAME) WAS GRANTED LICENSE # \_\_\_\_\_ FROM THE  
\_\_\_\_\_  
STATE BOARD ON \_\_\_\_\_, (yr) \_\_\_\_\_.  
AND EXPIRES ON \_\_\_\_\_, 20 \_\_\_\_\_.

I CERTIFY THIS APPLICANT RECEIVED A 48-HR MASTER'S DEGREE IN MARRIAGE & FAMILY THERAPY:  
yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY ENDORSEMENT: yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY GRANDFATHERING: yes / no

I CERTIFY THIS APPLICANT **COMPLETED POST-GRADUATE SUPERVISED EXPERIENCE IN MARRIAGE AND FAMILY THERAPY CONSISTING OF 200 HOURS OF SUPERVISION CONCURRENT WITH 1,700 HOURS OF DIRECT CLIENT WITH INDIVIDUALS, COUPLES AND FAMILIES:** yes / no IF NO, PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THIS APPLICANT PASSED THE (AAMFT) NATIONAL MARITAL & FAMILY THERAPY EXAM:

Yes / No DATE EXAM PASSED \_\_\_\_\_

(BOARD SEAL)

\_\_\_\_\_  
Licensing Board's Executive Secretary Signature

\_\_\_\_\_  
Date

**Please return this completed form to: SD Board of Examiners for Counselors and MFTs, PO Box 340, Pierre, SD 57501.**

**ATTACHMENT A - SUPERVISED EXPERIENCE  
LICENSED MARRIAGE AND FAMILY THERAPIST**

APPLICANT'S NAME: \_\_\_\_\_  
Last First MI

The individual listed above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Examiners for Counselors and Marriage & Family Therapists (Licensing Board) requires submission of information by the supervisor(s) which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

**To be Completed by Applicant (Please type):**

1. Name of Supervisor: \_\_\_\_\_
2. Address of Supervisor: \_\_\_\_\_
3. Name and nature of setting in which supervised practice took place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Dates of supervision by this applicant and named supervisor at this setting: START \_\_\_\_\_  
END \_\_\_\_\_
5. Total number of direct client contact hours during period listed in question 4. \_\_\_\_\_
6. Total number of face-to-face supervisory hours during period listed in question 4. \_\_\_\_\_
7. Please describe the nature of the applicant's duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please describe the nature of the supervision provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by Supervisor (Please type or print legibly in ink):**

9. I have reviewed the applicant's statements. They are \_\_\_ are not \_\_\_ substantially correct. Please add any corrections on a separate sheet of paper.
10. The quality of the applicant's performance during the supervision was  
\_\_\_ Outstanding \_\_\_ Good \_\_\_ Fair \_\_\_ Poor
11. Title at time of supervision \_\_\_\_\_
12. Licensing State \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_
13. LMFT License No. \_\_\_\_\_ Issue Date \_\_\_\_\_

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**ATTACHMENT B for LICENSED MARRIAGE AND FAMILY THERAPIST**

- A 48 hour Master's degree in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a program with specialty training in marriage and family counseling or therapy which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of AJune, 16ccredited Programs", July, 1994; **OR**
- A 48-hours Masters degree in Counseling or related program which includes coursework in the content areas below.

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

- \_\_\_\_\_ (1) The Middle States Association of Colleges and Secondary Schools;
- \_\_\_\_\_ (2) The New England State Association of Colleges and Secondary Schools;
- \_\_\_\_\_ (3) The North Central Association of Colleges and Secondary Schools;
- \_\_\_\_\_ (4) The Northwest Association of Colleges and Secondary Schools;
- \_\_\_\_\_ (5) The Southern Association of Colleges and Secondary Schools; or
- \_\_\_\_\_ (6) The Western College Association.

**In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript.** If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.

<b>Content Area</b>	<b>Course Number(s)</b>	<b>Course Title(s)</b>	<b>College/ University</b>
<b>MARRIAGE AND FAMILY STUDIES</b> (9 SEM CREDITS MINIMUM) Introductory systems theory, family development, family systems (marital, sibling, individual subsystems), special family issues, gender and cultural issues, all with major focus from a systems theory orientation;			
<b>MARRIAGE AND FAMILY THERAPY</b> (9 SEM CREDITS MINIMUM) Advanced systems theory and interventions, major systemic marriage and family treatment approaches, (structural, strategic, neoanalytic (object relations), behavioral marriage and family therapy, communications, sex therapy, etc.			
<b>HUMAN DEVELOPMENT</b> (9 SEM CREDITS MINIMUM) At least one course in psychopathology-abnormal behavior is required and at least one course in assessment is required. The third course may be selected from human development (normal and abnormal), personality theory, or human sexuality;			
<b>PROFESSIONAL STUDIES</b> (3 SEM CREDITS MINIMUM) Professional ethics as a therapist including legal and ethical responsibilities and liabilities, family law, etc.			
<b>RESEARCH</b> (3 SEM CREDITS MINIMUM) Research course in marriage and family studies and therapy including research design, methodology, statistics;			

