

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS

LPC-MH Application by Reciprocity

SDCL36-32-16. Reciprocity. Upon payment of the fee as may be promulgated by the board, the board may grant a license to any person who, at the time of application, is licensed under the laws of a state or territory of the United States that imposes substantially the same requirements as this chapter.

SDCL36-32-42. Requirements for LPC-MH licensure. The board shall license an applicant as a LPC-MH if the applicant fulfills the following requirements:

(1) Obtains licensure under this chapter as a licensed professional counselor;

(2) Completes a master's, specialist, or doctoral degree with an emphasis in mental health counseling from a counseling program approved by the Council for Accreditation of Counseling and Related Educational Programs as listed in the Directory of Accredited Programs, July 1991, or an equivalent program as demonstrated by studies in the following areas:

(a) The general principles and practices of etiology, diagnosis, treatment, and prevention of mental and emotional disorders and dysfunctional behavior, and the general principles and practices for the promotion of optimal mental health;

(b) The specific models and methods for assessing mental status and the identification of mental illness or abnormal, deviant, or psychopathologic behavior by obtaining appropriate behavioral data using a variety of techniques, including nonprojective personality assessments and achievement, aptitude, and intelligence testing, and translating findings into the Diagnostic and Statistical Manual categories, as adopted by the board by rules promulgated pursuant to chapter 1-26;

(c) The specific theories of psychotherapy for initiating, maintaining, and terminating therapy with a mentally and emotionally impaired client or a client with disabilities in a variety of settings using a variety of modalities, including crisis intervention, brief, intermediate, and long-term modalities;

(d) The basic classification, indications, and contraindications of the commonly prescribed psychopharmacological medications for the purpose of identifying the effects and side effects of prescribed psychotropic medications;

(e) The guidelines for conducting an intake interview and mental health history for planning and managing of client caseload; and

(f) The specific concepts and ideas related to mental health education, outreach, prevention, and mental health promotion;

(3) Completes two years of clinical experience and supervision under a licensed mental health professional after receiving a master's degree. The supervising mental health professional must hold the highest level of licensure within that supervisor's profession. Clinical experience must consist of two thousand hours of direct client contact in a clinical setting. Supervision must consist of one hundred hours of direct supervision, at least fifty hours of which shall be face-to-face. The balance may be face-to-face or by telephone conferencing or interactive video conferencing. However, any telephone conferencing or interactive video conferencing must be secure such that reasonable precautions have been taken to ensure that the conference will not be intercepted or listened to by unauthorized persons; and

(4) Passes an examination approved by the board for the purpose of assessing an applicant's knowledge in the content areas of mental health counseling.

ARSD20:73:01:03. Licensure by reciprocity. The applicant for licensure by reciprocity must hold an active clinical mental health counselor license and be in good standing with the state's board that issued the current license. **The applicant must also hold or be eligible by reciprocity to receive a professional counselor license pursuant to SDCL chapter 36-32.** Applications may be secured from the board. Completed applications shall be accompanied by the fee required by subdivision 20:73:02:02(4).

CHECK LIST

Per SDCL36-32-42(1), at the time you were issued your State's **LPC**:

- Did you meet SD Academic requirements?
- Did you have a Plan of Supervision required by your State-of-licensure? In some States, their "Associate" license can be considered similar.
 - Was your supervisor qualified per SD requirements?
 - Did you have one hour weekly supervision?
 - Did your supervision include 2 of the 4 methods of supervision?
 - Did you have a State licensure-required tracking form documenting your compliance? (Cannot be produced after-the-fact.)
- Did your State-of-licensure require, and did you pass, the NCE (National Counselor Examination for Licensure and Certification)?

REFERENCES:

Academic and equivalency requirements

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:68:03>

Plan of supervision

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:68:04>

Examination

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:68:05>

At the time you were issued your State's **LPC-MH** equivalent license:

- Did you meet SD Academic requirements?
- Did you have a Plan of Supervision required by your State-of-licensure?
 - Was your supervisor qualified per SD requirements?
 - Did you complete at least 2 years of clinical experience... pursuant to 36-32-42(3)?
 - Did you have one hour weekly supervision that included 2 of the 4 methods of supervision?
 - Did your supervisor document evidence of complying with requirements on a form provided by the board upon completion of the supervision?
 - Did you have a State licensure-required tracking form documenting your compliance? (Cannot be produced after-the-fact.)
- Did your State-of-licensure require, and did you pass, the NCMHCE (National Clinical Mental Health Counselor Exam)?

REFERENCES:

Academic and equivalency requirements

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:73:03>

Plan of supervision

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:73:04>

Examination

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:73:05>

EXAMINATION - The NBCC National Clinical Mental Health Counselor Examination (**NCMHCE**) is required.

SECTION III. SUPERVISED EXPERIENCE (ARSD 20:73:04)

ATTACHMENT A – SUPERVISED EXPERIENCE The applicant must have at least 2,000 hours of supervised post-graduate direct client contact in a clinical setting experienced completed in no less two years, and also one hundred hours of supervision, all pursuant to SDCL36-32-42 and ARSD 20:73, documented on a tracking form.

SECTION IV. EDUCATIONAL DEGREE

ATTACHMENT B – COURSEWORK A Master’s Degree pursuant to SDCL36-32-42 and ARSD 20:73:03 is required with specified Areas of Study satisfied. Please enclose a copy of your official transcripts.

SECTION V. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Examiners for Counselors and Marriage & Family Therapists for their verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Professional Counselor-Mental Health until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

STATE OF _____)
 :SS
COUNTY OF _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Dated this ____ day of _____, 20____. _____
Signature of Applicant

Sworn to before me this _____ day of _____, 20____. _____
NOTARY PUBLIC

My Commission expires:
(SEAL)

**SD Board of Examiners for Counselors and Marriage & Family Therapists
PO Box 340 Pierre, SD 57501 (605/224-1721)**

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS

LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH by RECIPROCITY

STATE BOARD VERIFICATION FORM

(TO BE COMPLETED BY A STATE BOARD OTHER THAN SOUTH DAKOTA)

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 60-HR MASTER'S DEGREE IN COUNSELING: yes / no

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

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

I CERTIFY THIS APPLICANT **COMPLETED AT LEAST TWO THOUSAND (2,000) HOURS OF POST-GRADUATE SUPERVISED DIRECT CLIENT CONTACT, AND RECEIVED 100 HOURS OF SUPERVISION BY A LICENSED MENTAL HEALTH PROFESSIONAL.** yes / no IF NO, PLEASE EXPLAIN _____

I CERTIFY THIS APPLICANT PASSED THE **NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM** (NBCC clinical exam): yes / no

DATE (NCMHCE) PASSED _____

(BOARD SEAL)

SECRETARY OF STATE BOARD

DATE

**Please return this completed form to: SD Board of Examiners for Counselors and Marriage & Family Therapists, PO Box 340, Pierre, SD 57501.
(605/224-1721)**

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS

ATTACHMENT A -- SUPERVISED EXPERIENCE (ARSD 20:73:04)
LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH by RECIPROCITY
Separate Attachment for Each Supervisor

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 or legibly print):

1. Name of Approved Supervisor: _____
2. Nature of setting in which supervised practice took place: _____

- | | | |
|--|--|-------|
| 3. Dates of supervision by <u>this</u> supervisor at <u>this</u> setting: | START (mm/dd/yy) | _____ |
| | END (mm/dd/yy) | _____ |
| 4. Total number of DIRECT CLIENT CONTACT hours during period listed above: | | _____ |
| 5. SUPERVISORY HOURS: | Total Number Face-Face | _____ |
| | Total Number of Group or by Secured Conferencing | _____ |

“I attest to the fact these hours are true and accurate.” Supervisor’s Initials _____

6. Please describe the nature of the applicant’s duties: _____

7. Please describe the nature of the supervision provided: _____

ATTACHMENT A -- SUPERVISED EXPERIENCE
(ARSD 20:73:04)
LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH by RECIPROCITY

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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: (Check One)
_____ Outstanding _____ Good _____ Fair _____ Poor
11. We completed at least one hour of supervision for each week worked. _____ Yes _____ No
12. Supervision consisted of this/these method(s): (Check Method/s Used)
_____ Presentation & Staffing of Cases _____ Critiquing of Audio/Video Counseling Tapes
_____ Direct Observation of the Supervisee _____ Co-Counseling with the Supervisee
13. My type of professional counseling license at time of supervision: _____
State of: _____
License Number: _____
License's **ORIGINAL** Issue Date: _____
- I was / was not (Circle One) licensed at the highest level of my State's mental health profession for at least three years prior to the start of our supervision period.
- I held my license during the entirety of this supervision period: _____ Yes _____ No If no, please explain: _____

I attest to the fact the information I have provided above is true and accurate and that I was solely responsible for this applicant's supervision as documented on side one of this Attachment A.

Supervisor Signature

Date

Print Name

ATTACHMENT B
LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH (ARSD 20:73:03)

- A 60-hour Master's degree in Counseling approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of Accredited Programs," July, 1994; **OR**
- An CACREP- equivalent Masters degree in Mental Health 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.

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 (as defined in ARSD 20:68:03:02 (c))			
Counseling Internship (as defined in ARSD 20:68:03:02 (d))			
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;			
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;			

Content Area	Course Number(s)	Course Title(s)	College/ University
Group counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;			
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;			
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;			
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;			
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.			
Psychopathology: including the general principles and practices of etiology, diagnosis, treatment, and prevention of mental and emotional disorders and dysfunctional behavior, and the general principles and practices for the promotion of optimal mental health;			
Clinical assessment: including the specific models and methods for assessing mental status and the identification of mental illness or abnormal, deviant, or psychopathologic behavior by obtaining appropriate behavioral data using a variety of techniques, including non-projective personality assessments and achievements, aptitude, and intelligence testing, and translating findings in the diagnostic and statistical manual categories;			
Psychopharmacology: including the basic classification, indications, and contraindications of the commonly prescribed psychopharmacological medications for the purpose of identifying the effects and side effects of prescribed psychotropic medications;			
Case management: including the guidelines for conducting an intake interview and mental health history for planning and managing of client caseload manual categories;			
Foundation of mental health: including the specific concepts and ideas related to mental health education, outreach, prevention, and mental health promotion.			

Mail completed form with application to: SD Board of Examiners for Counselors and MFTs, PO Box 340, Pierre, SD 57501