

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

APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR (ARSD 20:68)

NOTE: Applicant must have a 48-hour Master's Degree in Counseling, 2000 hours post-graduate supervised work experience, examination, and be a resident of South Dakota to be eligible for Licensed Professional Counselor.

Application must be accompanied by a non-refundable license application fee of \$100. A personal check or money order should be made payable to the South Dakota Board of Examiners for Counselors and MFTs. **Enclose a clear copy of your driver's license for identification purposes.**

I hereby make application for licensure to practice as a Licensed Professional Counselor in the State of South Dakota. (Please type or print legibly the following.)

SECTION I. GENERAL INFORMATION

Name _____

Last

First

MI

Social Security No. _____ Date of Birth _____

Email Address (*for office use only*) _____

Home Address _____

Home Phone # _____

Business Name & Address _____

Business Phone # _____

LEGAL QUESTIONS

A. I have / have not (*CIRCLE ONE*) made a previous application to South Dakota Board of Examiners for Counselors and MFTs. If yes, please state on a separate sheet of paper.

B. I have / have not (*CIRCLE ONE*) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year. If yes, please explain on a separate sheet of paper.

C. I have / have not (*CIRCLE ONE*) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota? If yes, please explain on a separate sheet of paper.

D. I have / have not (*CIRCLE ONE*) been disciplined by a mental health licensing or certification board or by any mental health related professional organization? If yes, please explain on a separate sheet of paper.

E. I am / am not (*CIRCLE ONE*) \$1,000 or more behind in child support payments. If yes, include a written statement from DSS regarding your financial obligation.

SECTION II. GRADUATE COUNSELING PROGRAM (ARSD 20:73:03)

List the institution(s) from which you have received graduate degrees in counseling. **A transcript of your graduate degree ONLY must be sent directly to the Board's office by the institution awarding the degree.** Also, complete Attachment B - Coursework and submit it to the Board.

UNIVERSITY/COLLEGE _____

CITY/STATE _____

DEGREE & DATE GRANTED _____

ACCREDITATION BODY _____

(Which regional accreditation association was your graduate-degree-granting institution accredited at the time of your graduation?)

DATES ATTENDED _____

MAJOR/SUBJECT _____

SECTION III. SUPERVISED EXPERIENCE (ARSD 20:68:01:02(4))

The applicant must have two thousand (2,000) hours post-graduate** supervised experience in counseling acceptable to the Board completed within five years, of which at least 800 hours of direct client contact as defined in SDCL 36-32-1(2) and ARSD 20:68:04 and the remainder is (non-administrative) counseling-related activities. A minimum of one hour of face-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-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.

SECTION IV. EXAMINATION (ARSD 20:68:05)

The NBCC National Counselor Examination (NCE) is required for the LPC.

DATE TAKEN _____

- If you have taken the National Counselor Examination (NCE) email the office to inquire whether your score report has already been received: sdbce.msp@midconetwork.com.
- If you have not taken the National Counselor Examination, you must contact the National Board for Certified Counselors at www.nbcc.org/stateboardlist?state=SD for the appropriate Handbook and registration page.

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 Counselor Examiners for their verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Professional Counselor 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)

Please return completed form to: SD Board of Examiners for Counselors & MFTs, PO Box 340, Pierre, SD 57501

ATTACHMENT A – SUPERVISED EXPERIENCE WITH QUALIFIED SUPERVISOR

(ARSD 20:68:01:02 & 20:68:04)

LICENSED PROFESSIONAL COUNSELOR

Please Submit a Separate Attachment for Each Supervisor

APPLICANT'S NAME: _____
Last First MI

The individual named above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Examiners for Counselors and MFT's (Licensing Board) requires submission of information by the qualified 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 print legibly):

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

TRACKING FORM SUMMARY

3. **DATES** of Supervision by this supervisor at this setting: START (mm/dd/yy) _____
END (mm/dd/yy) _____
4. Total number of **DIRECT CLIENT CONTACT** hours during period listed above: _____
5. Total number of **COUNSELING-RELATED** hours during period listed above: _____
6. **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 _____

7. Please describe the nature of the applicant's duties: _____

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

**ATTACHMENT B – COURSEWORK REQUIREMENTS
LICENSED PROFESSIONAL COUNSELOR (ARSD 20:68:03)**

- A minimum 48-hour Master's degree in Counseling from a university / college accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) as listed in their Directory of Accredited Programs (<http://www.cacrep.org/directory/>);
- OR**
- A minimum 48-hour Master's degree in Counseling or related program which includes coursework in the specific content areas described below.

Academic requirements must be completed at a university / 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.

_____ **CHECK HERE if your university / college was CACREP accredited during your enrollment;**

OR

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

Content Area	Course Number(s)	Course Title(s)	College/ University
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;			
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.			

* **20:68:03:02. Approved counseling program.** Approved counseling programs are as follows:

- (1) A counseling program approved by the CACREP; or
- (2) An organized sequence of study in the area of counseling that includes graduate course work in each of the following areas:

- (a) Counseling theory: including a study of basic theories, principles of counseling, and philosophical bases of the helping relationship;
- (b) Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;

(c) Practicum: including a supervised training experience consisting of the provision of counseling to clients or groups seeking services from counselors;

- (i) A practicum consists of no less than 100 hours, of which 40 hours are direct service;
- (ii) Prior to the beginning of the practicum, the student must have completed a course in counseling theory and a course in counseling techniques;
- (iii) The practicum must be under the direction of a graduate faculty member;
- (iv) The supervisor's evaluation of the trainee's work shall take place through face-to-face contact;

(d) Internship: including an on-the-job experience in professional counseling under the tutelage of an on-site supervisor who is a licensed professional counselor or licensed mental health therapist. The supervised internship may be no less than 600 hours of which 240 hours must be in direct services;