

For Board Use Only

Date of Application _____ \$ _____ Application Fee CK# _____ App# _____
Date of Oral Examination _____ Oral Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Y / N Date ASPPB Data Bank Checked _____ Y / N
Date of Licensure Fee Paid: _____ CK# _____ \$ _____ 1/4 1/2 3/4 1 year prorated

South Dakota Board of Examiners of Psychologists

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

GENERAL INFORMATION (Please Type)

1. Name _____ 2. Degree _____
(Last) (First) (MI) (Previous name)
- Social Security Number __ (not sure we need this?) _____
3. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Business Phone (_____) _____
4. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Home Phone (_____) _____ Email Address: _____
5. Date of Birth _____ / _____ / _____ Place of Birth: _____
6. Gender: _____
7. Race (Please Circle One): _____
8. Ethnicity (Please Circle One): Hispanic - Nonhispanic - Prefer Not To Answer - Not Applicable
9. Are you a Diplomate of American Board of Professional Psychology? Yes No
10. Are you or have you ever been licensed as a Psychologist in any other State or Province?
Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
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Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
11. Have you ever taken the Examination for Professional Practice in Psychology (EPPP)? Yes No

If yes, in which States/Provinces? _____ Date _____

If yes, please have scores sent directly to the above address by EPPP.

- 12. Has any State/Province rejected your application or revoked your professional license or certificate? Yes No
- 13. Has any professional association rejected your application for membership or revoked a membership you held? Yes No
If yes, give complete details on a separate sheet.
- 14. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes No
If yes, give complete details on a separate sheet.
- 15. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

[warning that failure to disclose a conviction may result in a denial of licensure and failure to provide requested documentation of any conviction may be considered an incomplete application]

- 16. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor? Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

[warning that failure to disclose a conviction may result in a denial of licensure and failure to provide requested documentation of any conviction may be considered an incomplete application]

- 17. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No
- 18. Is your spouse an active-duty member of the armed forces? Yes No
If yes, was your spouse subject to military transfer to South Dakota? Yes No
If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

19. EDUCATION OR TRAINING Please have transcripts sent directly to the Board office.

| University Or College | Address (City, State, Zip) | Dates Attended (xx/xx/xxxx – xx/xx/xxxx) | Degree | Major Subject |
|--------------------------|-------------------------------|---|--------|------------------|
| a. _____ | _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ | _____ |
| d. _____ | _____ | _____ | _____ | _____ |
| e. _____ | _____ | _____ | _____ | _____ |

20. DOCTORAL DEGREE:

Major Advisor _____

Department _____

Title of Dissertation _____

21. In your program of study, please indicate if your coursework was:

100% In-Person

100% Online

Hybrid – If Hybrid, please explain: _____

22. **Please attach a sheet arranging your courses to the content areas of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences. You must complete this requirement for your application to be approved. *Please see example on board website.**

23. INTERNSHIP. (Please have supervisor complete internship form)

Name of Facility _____

Address _____
(Street or P.O. Box) (City) (State) (Zip)

Date: (From) _____ (To) _____

Total Number of Internship Hours Completed _____

Nature of Training _____

Name of Direct Supervisor _____

Supervisor's Title _____

24. List major postdoctoral psychological experience (list supervisor, number of hours and dates): _____

25. My primary areas of intended professional practice are: _____

26. PROFESSIONAL EXPERIENCE (Please list current position first)

a. Employer Name (current) _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Start Date: _____ Primary Responsibilities _____

Supervisor_____

b. Position_____ Organization_____

Employer Address_____ (Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities_____

Supervisor_____

c. Position_____ Organization_____

Employer Address_____ (Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities_____

Supervisor_____

d. Position_____ Organization_____

Employer Address_____ (Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities_____

Supervisor_____

e. Position_____ Organization_____

Employer Address_____ (Street or P.O. Box) (City) (State) (Zip)

Date: _____ Primary Responsibilities_____

Supervisor_____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct to the best of my knowledge. Furthermore, I consent to a thorough investigation of present and past employment and other activities for the purpose of verifying qualifications for the license for which the application is made.

Signature of Applicant

PRINT NAME as you wish it to appear on your license

Date

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin. In accordance with the Americans with Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.

NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public

(Seal)