Proposed Meeting Agenda

1) Call to Order
2) Approval of Agenda
3) Open Forum: 5 minutes for the public to address the Board
4) Approval of Minutes: November 5, 2021
5) Financial Report as of February 28, 2022
6) Executive Session (Pursuant to SDCL 1-25-2(3) for consultation with legal counsel for consideration of proposed contested cases or litigation)
7) Old Business
   a. Findings of Fact and Conclusions of Law in the matter of Licensed Professional Counselor Endorsement Application of J. Dahl
   b. Updated Complaint Process
8) New Business
   a. Board Member Update
   b. Office Update
   c. Updated LPC and LPC-MH Plan of Supervision applications--Coursework Requirements 20:68:03:02 and 20:73:03:02; 36-32-65
   d. Plan of Supervision Renewal Application
   e. FY23 Contracts
      a. Executive Services Contract Renewal
   f. 2022 National Meetings
      a. American Association of State Counseling Boards; February 4 & 18 (virtual)
      b. Counseling Regulatory Boards Summit; August 3-5, Philadelphia
      c. Association of Marital & Family Therapy Regulatory Boards; September 13-14, Louisville, KY
9) Other Business
   a. DSS Updates
10) Announcements
    a. Next Meeting: June 10, 2022
11) Adjourn
President Rice Brinkworth called the meeting to order at 9:03 am central and determined a quorum.

Board Members Present via Videoconference: Sherry Bartels, Tiffany Butler, Bobbi Brown, Cheryl Hartman, Woody Schrenk, Jay Trenhaile, Jeff Wangen and Lynell Rice Brinkworth

Board Members Absent: Roswitha Konz

Others Present via Videoconference: Jennifer Stalley, Executive Secretary; Karen Cudmore, administrative staff; Ryan Loker, Board Legal Counsel, Department of Social Services; Erin Handke, Assistant Attorney General; and Marilyn Kinsman, Department of Social Services

Motion to approve the proposed agenda by Trenhaile. Seconded by Brown. Motion carried. Butler absent.

Rice Brinkworth asked for comments from the public. There were no comments offered.

Motion to approve the meeting minutes of August 27, 2021 by Wangen. Seconded by Trenhaile. Motion carried. Butler absent.

Motion to accept the financial report as of September 30, 2021 by Hartman. Seconded by Trenhaile. Motion carried. Butler absent.

Kinsman noted no additional updates from the Department of Social Services.

Motion to go into executive session for consideration of contested cases and contractual matters at 9:10 am by Brown. Seconded by Trenhaile. Motion carried. Butler absent.

Rice Brinkworth declared the Board out of executive session at 11:00 am.

Motion to dismiss Complaint 2021-02 by Trenhaile. Seconded by Bartels. Motion carried. Schrenk absent. Butler was recused.

Motion to dismiss Complaint 2021-04 by Hartman. Seconded by Butler. Motion carried. Schrenk recused.
Motion to approve the licensure by endorsement application for J. Dahl on the condition that applicant submits an updated application; applicant reports any criminal charges, convictions or pleas on an ongoing basis to the Board; the applicant complete one year of supervision with a Board approved supervisor; and applicant undergoes personal counseling or therapy for at least one year by Butler. Seconded by Bartels. Motion carried.

Stalley provided an office update. Board staff will submit presentation proposal for the 2022 South Dakota Counseling Association Spring Conference. Board staff will send communication to LPC and LMFT current supervisors reminding of updated supervision requirements. Board staff provided an update on the online application process.

Stalley provided the Board with an update on the Records Retention Policy. DSS has reviewed and provided feedback. The Board’s final draft has been provided to the Bureau of Administration for consideration of adoption at the Bureau’s December 2021 meeting.

Motion to allow the Board president to consider and grant requests for special accommodations to sit for the national examinations required for licensure by Brown. Seconded by Hartman. Motion carried.

Motion to approve the updated Complaint Form as proposed by Trenhaile. Seconded by Schrenk. Motion carried.

Stalley provided an update on the Rules Review process. To ensure the Board’s statutes and rules stay updated, the Board’s workgroup will convene in even-numbered years to consider any necessary updates. For 2022, this process will take place on the spring.

Rice Brinkworth called for nominations for board officers.

Motion to elect Rice Brinkworth as Board President and Butler as Board Vice President by Brown. Seconded by Trenhaile. Motion carried.

The Board’s next meeting is scheduled for March 11, 2022 at 9:00 am (central).

Motion to adjourn by Butler. Seconded by Trenhaile. Motion carried.

The Board adjourned at 11:30 am.

Respectfully Submitted,

Jennifer Stalley, Executive Secretary
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### BOARD OF COUNSELOR EXAMINERS

**REVENUE SUMMARY**

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THE SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
BOARD OF EXAMINERS FOR COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

IN THE MATTER OF THE LICENSURE BY ENDOSMENT APPLICATION OF JAMIE DAHL

FINDINGS OF FACT AND CONCLUSIONS OF LAW

An Application for Professional Counselor License by Endorsement was filed by Jamie Dahl (hereinafter “Dahl”) with the Board of Examiners for Counselors and Marriage and Family Therapists (hereinafter “the Board”) on September 11, 2020. The application was duly investigated by the Board, and concerns arose related to the criminal history of Dahl, as well as Dahl’s capacity to safely render counseling services to the public. It was determined that Dahl’s application warranted the holding of an adversarial administrative hearing pursuant to the authority and jurisdiction granted to the Board by SDCL Chapter 36-32, and applicable rules of the State of South Dakota.

On August 27, 2021, said hearing was held and conducted via the ZOOM teleconferencing platform. Dahl personally appeared at the hearing, without counsel. The interests of the State of South Dakota at the hearing were represented by Assistant Attorney General Erin E. Handke. A quorum of the Board was present, and the Board’s General Counsel Ryan J. Loker served as Hearing Officer.

Based upon the evidence presented, the Board makes the following:

FINDINGS OF FACT

2. Dahl currently holds an active Licensed Professional Counselor credential issued by the State of Wyoming.

3. Dahl currently resides in Lead, South Dakota.

4. Dahl’s most recent criminal incident occurred in Lawrence County, South Dakota, on June 26, 2020.

5. On December 29, 2020, Dahl pled “nolo contendre” (no contest) to charges of Driving Under the Influence (DUI), eluding, and simple assault, all of which are First Degree Misdemeanors, stemming from said incident.

6. Dahl explained the incident by stating that she is an alcoholic and had relapsed. Dahl stated that she had gotten into a “four-wheeler accident” that day, and “ended up getting pulled over” while in the process of driving herself to the hospital.

7. Dahl claimed that the eluding charge was due to the fact she “didn’t pull over right away”.

8. Dahl claimed that the simple assault charge stemmed from an incident at the jail when she was “trying to leave the jail” and “pushed the officer aside or something”.

9. Dahl stated that her current work schedule taking care of the elderly prevents her from attending Alcoholics Anonymous meetings, or attending therapy.

10. Dahl stated that she manages stress through exercise, medication, and satisfaction derived from her employment.

11. At the conclusion of hearing, and upon deliberation, the Board determined that it still has some concerns relative to the recency of Dahl’s criminal conduct, and the lack of support system in place to support her with her alcoholism.

CONCLUSIONS OF LAW
1. The Board has jurisdiction over this matter pursuant to the provisions of SDCL Chapter 36-32.

2. The mission of the Board is to protect the South Dakota consumers of counseling and marriage and family therapy services by mandatory licensing of qualified counselor applicants.

3. The Board concludes, via the evidence introduced, and the testimony of Dahl, that while Dahl otherwise qualifies for licensure by endorsement, both Dahl and the South Dakota consumers of counseling and marriage and family therapy services would benefit from certain conditions being attached to the issuing of Dahl’s Professional Counselor License by Endorsement.

4. Any Finding of Fact or Conclusion of Law that has been improperly designated is hereby redesignated and incorporated into the appropriate section.

Dated this ___ day of __________, 2021.

BY THE BOARD OF EXAMINERS FOR COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS

Lynell Rice Brinkworth, President

ATTEST:

Jennifer Stalley, Executive Secretary
THE SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

BOARD OF EXAMINERS FOR COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

IN THE MATTER OF THE LICENSURE BY
ENDORSEMENT APPLICATION OF JAMIE DAHL

ORDER

Based upon the Findings of Fact and Conclusions of Law herein, where it was determined by the South Dakota Board of Examiners for Counselors and Marriage and Family Therapists (hereinafter "the Board") that Jamie Dahl (hereinafter "Dahl") and the South Dakota consumers of counseling and marriage and family therapy services would benefit from certain conditions being attached to the issuing of Dahl's Professional Counselor License by Endorsement, it is hereby:

ORDERED that:

1. Dahl shall submit an updated Application for Licensure by Endorsement to the Board.

2. Dahl shall report any new criminal charges, convictions, or pleas on an ongoing basis to the Board.

3. Dahl shall complete one year of supervision with a Board approved supervisor.

4. Dahl shall undergo personal counseling or therapy for at least one year.

Dated this ___ day of ________, 2021.

BY THE BOARD OF EXAMINERS FOR COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS

__________
Lynell Rice Brinkworth, President

1
ATTEST:

Jennifer Stalley, Executive Secretary
Complaint Process

A. COMPLAINTS
   1. All complaints must be filed in writing with the Executive Secretary using the 
      form adopted by the Board and provided via the Board’s website or by the 
      Executive Secretary.
   2. All complaints must be signed by the Complainant.
      a. At the discretion of the Board President, unsigned complaints will not be 
         reviewed.
   3. All Complainants must indicate whether they are willing to testify should the 
      allegations raised by the complaint reach a contested hearing.
   4. The complaint form adopted by the Board shall contain a written waiver and 
      release of information form to be completed by the Complainant.
      a. If the Complainant refuses to authorize the release of information; at the 
         discretion of the Board President, the complaint will not be further 
         reviewed.
   5. Upon receipt of the waiver and release, the Executive Secretary will provide 
      copy of the complaint to the licensee(s) identified in the complaint.
      a. When a licensee receives a complaint from the Executive Secretary, he or 
         she shall send a response to the complaint to the Executive Secretary 
         within twenty business days after service of the complaint.
      b. The licensee may provide any supporting documentary evidence or 
         exhibits they feel necessary to the resolution of the complaint.
   6. The Executive Secretary may file complaints against licensees whenever he or 
      she becomes aware of information that, if proven true, would be a violation of 
      the ethical rules imposed upon licensees, or would be a violation of any section 
      of SDCL ch. 36-32, SDCL ch. 36-22 or the administrative rules promulgated 
      thereunder.
      a. When the Executive Secretary files a complaint he or she becomes the 
         Complainant for all further purposes regarding the complaint.
   7. The written complaint and response from the licensee, along with any 
      supporting documents and exhibits, will be provided by the Executive Secretary 
      to a member of the Board assigned to review the matter, the Assistant Attorney 
      General assigned to prosecute ethical violations before the Board, and the 
      Board’s General Counsel (i.e. Investigative Committee).
   8. All complaint materials, reviews, and informal proceedings will remain 
      confidential.
B. REVIEW OF COMPLAINTS

1. The Board’s Investigative Committee regarding any complaint shall consist of the assigned reviewing board member, the Assistant Attorney General assigned to prosecute ethical violations before the Board, and the Board’s General Counsel (i.e. Investigative Committee).

2. The Board President may appoint reviewing board members at his or her discretion.

3. If a complaint is filed against a licensee who has previously had a complaint filed against them, the Board President should appoint to the reviewing board member who handled the previous complaint(s).

4. Lay members of the Board may be appointed reviewing board members of any complaint received by the Board.
   a. A licensed board member should be appointed to review any complaint initially reviewed by a lay member if after review of the complaint it is determined by the Assistant Attorney General, and/or the lay reviewing board member, that the complaint involves issues regarding the standard(s) of practice in the counseling profession.

5. The Investigative Committee should conduct a review of all complaint materials in order to fully analyze the complaint and prepare a report and recommendation for the Board.
   a. The Investigative Committee shall recommend to the Board whether the complaint should be dismissed for lack of probably cause, resolved by informal disposition, or settled by a formal hearing.
      i. The failure of the complainant or licensee to comply with the investigation is grounds for denial of the application or disciplinary action.
   b. The report and recommendation should be given by the Investigative Committee to the Board at the next regularly scheduled Board meeting held after conclusion of the review of the complaint. The report and recommendation will be discussed in executive session.

C. REPORT TO THE BOARD

1. The Investigative Committee’s report to the Board may be given either orally or in writing and should consist of:
   a. A short recitation of the facts of the complaint sufficient to provide the Board with enough information to make an informed decision regarding the Committee’s recommendation; and
   b. A listing of the potential ethical or statutory violation(s) identified from complaint materials; and
   c. The action the committee recommends the Board take in regards to the file.
2. The Investigative Committee, or any of its members, may recommend to the Board that:
   a. No further action be taken on the complaint;
   b. That a letter of concern be issued by the Investigative Committee to the licensee;
   c. That a private reprimand be issued by the Board;
   d. That a public reprimand be issued by the Board;
   e. That the Board suspend the licensee’s license;
   f. That the Board revoke the licensee’s license;
   g. That the Board enter into an agreed disposition or settlement agreement with the licensee; or
   h. That the Board take any of the above actions in combination with a recommendation for continuing education, additional or continuing supervision, a mental examination conducted by a qualified professional approved by the Board, or any other additional condition justified by the factual allegations of the complaint and allowed by law.

3. The Investigative Committee has the authority to negotiate proposed settlement agreements and agreed dispositions with the licensee prior to making its recommendation to the Board.
   a. If a settlement agreement is reached prior to the Investigative Committee’s recommendation, a written copy of the settlement agreement, signed by the licensee and the Assistant Attorney General, must be presented to the Board at the time the committee makes its recommendation.

4. The licensee or the Assistant Attorney General may request a settlement conference with the Board to discuss the settlement agreement.
   a. The conference may be held at the time the Investigative Committee’s recommendation is given to the Board.
   b. The Assistant Attorney General must consent to any settlement conference between the Board and the licensee.
   c. The request may be granted or denied by the President of the Board.

D. BOARD RESPONSE
1. The Board may accept, reject or modify any recommendation it receives from the Investigative Committee.
2. The Board may accept, reject or modify any settlement agreement or agreed disposition entered into between the licensee and the Assistant Attorney General.
3. The Board may recommend that any of the following actions take place regarding the complaint:
   a. No further action be taken on the complaint;
   b. That a letter of concern be issued by the Investigative Committee to the licensee;
   c. That a private reprimand be issued by the Board;
   d. That a public reprimand be issued by the Board;
   e. That the Board suspend the licensee’s license;
   f. That the Board revoke the licensee’s license;
   g. That the Board enter into an agreed disposition or settlement agreement with the licensee; or
   h. That the Board take any of the above actions in combination with a recommendation for continuing education, additional or continuing supervision, a mental examination conducted by a qualified professional approved by the Board, or any other additional condition justified by the factual allegations of the complaint and allowed by law.

4. Upon presentation of the Investigative Committee’s recommendation, the Board may request that a settlement conference occur between the Board, the licensee, and the Assistant Attorney General.
   a. The licensee and the Assistant Attorney General must both consent to any settlement conference.

5. If the Board accepts a recommendation from the Investigative Committee, or determines through its own motion, requiring action that would result in the Board making specific findings regarding the allegations (i.e. private reprimand, public reprimand, suspension or revocation), the Assistant Attorney General will issue a notice of contested proceedings to the licensee.
   a. The notice should advise the licensee of the date, time and location of the contested proceedings. The notice will also advise the licensee of his or her rights according to SDCL ch. 1-26, and the general factual allegations raised by the complaint.
   b. The notice may require the licensee to respond to the notice indicating whether the licensee intends to appear at the proceedings, and requiring the licensee to divulge the names of any witnesses the licensee may call at the hearing.
   c. The licensee must be given a reasonable amount of time to respond to the notice prior to the contested proceedings, but in no case should it be less than 20 days.

6. After a notice of contested proceedings is issued, the Investigative Committee continues to have authority to reach an agreement with the licensee regarding settlement.
   a. If an agreement is reached it may be brought before the Board at the time and location originally scheduled for contested proceedings.
   b. The Board may request, or the licensee may petition for, a settlement conference after contested proceedings have been noticed.
   c. After the initiation of contested proceedings, the Board retains the right to accept, reject, or modify any proposed settlement agreement.
7. The Board’s reviewing board member may formally make a motion during an open session of the Board regarding any recommendation for action on a complaint.
   a. In no event, however, may the reviewing board member(s) vote regarding any recommended action or any final disposition regarding any complaint matter.

E. SETTLEMENT CONFERENCES
1. Any party (the Board, the licensee, or the Assistant Attorney General) to a complaint action may request a settlement conference with the entire Board.
2. Before a settlement conference may be held, all parties will be required to sign a settlement conference agreement drafted by the Assistant Attorney General.
3. The settlement conference will be an informal meeting of the parties to discuss the facts alleged by the complaint materials and attempt to reach a settlement in lieu of contested proceedings.
4. Engaging in settlement discussions does not constitute an admission against interest on behalf of the licensee. Nothing that takes place at the settlement conference is admissible against any party at any subsequent contested proceedings.
5. At the conclusion of any settlement conference, the Board may accept, reject or modify any settlement already agreed to by the licensee and the Assistant Attorney General. In such an instance, the licensee shall be given a reasonable time to consider any new or modified settlement proposal.
6. In the event that a settlement is not reached, the Board may choose to proceed with contested proceedings. Nothing that has taken place at the settlement conference may result in the disqualification of the Board, or any member, from participating in the formal contested proceedings.

F. CONTESTED HEARINGS
1. Contested proceedings, will be held before a majority of the named Board as per SDCL 36-32-80 and SDCL 36-33-58.
2. The Board, or any party to the complaint mater, may request that the proceedings be held before the Office of Hearing Examiners.
   a. A majority of the Board must be present for any contested proceedings conducted by the Office of Hearing Examiners.
3. Contested proceedings may only be held after proper notice is given to the licensee regarding the allegations raised by the complaint, and advising the licensee of his or her rights.
4. The contested proceedings will be held to determine whether the licensee has violated any state statute, administrative rule, or ethical provision. The proceeding will be adversarial in nature at which the licensee has the right to be represented by legal counsel.
5. At the proceeding, each party will have the right to introduce evidence, present witnesses and exhibits, cross examine all witnesses and to submit appropriate written argument.
6. The Board President will sit as the hearing chair for any contested proceedings held before the Board. The President may also designate a hearing chair of his or her choosing.

7. The Complainant is not entitled to be a party to the contested proceedings unless he or she affirmatively petitions to intervene in the matter, and such petition is granted by the President of the Board or the Hearing Chair designated for the proceedings.

8. Throughout the complaint process the Board’s General Counsel shall provide guidance and give legal advice to the Board as a whole. The Board’s General Counsel may sit as the Board President’s designated hearing chairman in the event the matter moves to contested proceedings.

9. If a licensee does not attend the proceeding, a default may be entered against them.
   a. A licensee may also affirmatively waive their right to a contested proceeding, which will be considered a default on the allegations raised by the complaint materials.

10. At the hearing, the reviewing board member, the Executive Secretary, and any other appropriate witness may be called to give testimony regarding the allegations contained in the complaint materials.
   a. If necessary, an expert witness may be retained to provide testimony to the Board regarding any alleged ethical or statutory violation.

11. Any allegation contested at the proceedings must be proven by clear and convincing evidence.

G. FINAL ACTION
1. The reviewing board member, and any other board member called as a witness at the proceedings, should abstain from the discussion of and any final action on the matters contested at the proceedings.

2. The Board, at the conclusion of contested proceedings, may revoke or suspend a license, may dismiss the complaint, or may take any other action it deems appropriate and is allowable by law.

3. The Board shall enter official written findings of fact and conclusions of law regarding any contested matter heard before it. The Board shall also issue any order it deems necessary in conjunction with said findings and conclusions.
   a. The parties to any contested proceeding may be allowed to submit proposed findings of fact and conclusions of law regarding the contested matter.

4. If the Office of Hearing Examiners conducts the proceedings, the Board will consider OHE’s proposed decision, and may accept, reject or modify the proposed decision.

5. The Board’s final decision, including any findings of fact and conclusions of law, will be conveyed to the parties by the Board’s General Counsel.

6. If the Board takes disciplinary action against a licensee, the Board may assess its actual costs and expenses regarding the contested proceedings against the licensee as provided for in SDCL 1-26-29.1.

7. Any final decision entered after contested proceedings may be appealed to State Circuit Court and potentially to the South Dakota Supreme Court.
8. If the Board finds that the licensee has violated a statute, rule or ethical provision, notice of such a finding will be reported to any applicable national reporting database.

DISCLAIMER: The above stated procedures are only to be considered internal operating procedures of the Board of Examiners for Counselors and Marriage & Family Therapists. These procedures do not create any rights or remedies in any party or any individual. The procedures are intended to be guidelines only, and their manner of use is strictly within the discretion of the Board and its staff. These procedures may be altered or modified at any time, either formally or informally as the Board or its Staff deems necessary to process a complaint matter.
Complaint Form

Please *type* or *print legibly* and return to the above address. Form must be *SIGNED*.

### PARTY MAKING THE COMPLAINT:

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>HOME</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

**HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### PARTY AGAINST WHOM COMPLAINT IS MADE:

<table>
<thead>
<tr>
<th>NAME</th>
<th>DAYTIME PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

**COUNSELOR LICENSE NUMBER (if known)**

### DETAILS OF COMPLAINT

1. **NATURE OF YOUR COMPLAINT** (Check all that apply)
   
   ___ Standard of Care  
   ___ Dual Relationship  
   ___ Breach of confidentiality  
   ___ Unlicensed practice  
   ___ Violation of professional standards  
   ___ Practice beyond scope (*training, education, expertise*)
   ___ Other. Please describe: ________________________________

2. **HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR OFFICE?**
   
   YES | NO

   IF YES, ON WHAT DATE AND BY WHAT MEANS: ________________________________

3. **DID THE PERSON OR THE OFFICE RESPOND?**
   
   YES | NO

   IF YES, WHAT WAS SAID OR DONE? ________________________________

4. **WILL YOU, AS THE COMPLAINANT, WILLINGLY TESTIFY IF A HEARING SHOULD BE CALLED BY THE SD BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS FOR THE PURPOSE OF PRESSING CHARGES ARISING FROM THIS COMPLAINT?**
   
   YES | NO
STATE YOUR COMPLAINT: (In the space below, please state clearly and specifically, all charges made against the party named above. Be it known, your complaint will be sent to the counselor named above for his/her response. If more space is needed, please attach additional sheets of paper.

I verify that I have read the foregoing complaint and the same is true to the best of my knowledge, information and belief. I hereby waive any right of confidentiality or privilege under state law, federal law or the law of the land. I specifically acknowledge and understand that the Board may disclose confidential and privileged information as the Board or its staff deem necessary to investigate and process this complaint. I understand that a copy of this complaint will be provided to the licensee.

_________________________________________  _______________________________
Signature of Complainant                     Date

SDBCE  9 of 10  3.2022
CONFIDENTIALITY WAIVER & RELEASE OF INFORMATION

I, the undersigned, hereby authorize and direct you to release to the SD Board of Examiners for Counselors and Marriage & Family Therapists (Board) all mental health records and information, (including but not limited to: intake information, informed consent documents, notes, summaries, billing records, etc.) in your possession and control regarding _____________________________ [NAME OF CLIENT] as may be required by the Board or its agent(s).

I understand that release of said information may include information regarding mental health diagnosis and treatment. I further understand that I may revoke this authorization at any time by notifying the Board in writing. I also understand that the information disclosed pursuant to this authorization may be subject to re-disclosure as necessary to resolve any complaint pending before the Board. I acknowledge that my refusal to sign this waiver and release may result in the Board, and/or its agents, determining that no review of any complaint filed with the Board shall be undertaken. This waiver and release shall be effective until written revocation of the same is received by the Board.

A copy of my signature on this release shall be authorization and direction to release such records and information as is appropriate for the review of any complaint filed with the Board. If the complaint involves a minor, this release must be signed by the minor’s parent or legal guardian, and authorizes the release of the minor’s mental health records to the Board and its agent(s). A copy of this waiver and release carries the same weight and authority as the original.

I also hereby consent to the release of my identity and records to agents of the Board involved in the investigation, other state licensing boards, and law enforcement agencies as necessary.

Date: ________________

Print Name: _____________________________

Signature: _____________________________

(Check one)   Client_____ or   Parent/Guardian_____
20:68:03:02. Approved counseling program. Academic requirements to become a professional counselor must be completed through a board approved counseling program. An approved counseling program is:

(1) A counseling program approved by the Council for Accreditation of Counseling and Related Educational Programs; 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; and

      (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;

   (e) Human growth and development: including studies that provide a broad understanding of the nature and needs of an individual at all developmental levels. Emphasis is placed on psychological, sociological, and physiological approaches, human behavior (normal and abnormal), personality theory, and learning theory;

   (f) Social and cultural foundations: including studies of change, ethnic groups, subcultures, changing roles of women, sexism, racism, ethnocentrism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns;

   (g) Group: including the study of group dynamics, group processes, practices and methods of group counseling, supervised practice, facilitative skills, and theory and types of groups;
(h) Life-style and career development: including vocational-choice theory, relationship of career choice to life-style, sources of occupational and educational information, approaches to career decision-making processes, and career development exploration techniques;

(i) Appraisal of the individual: including the development of a framework for understanding the individual, methods of data-gathering and interpretation, case study approaches, individual and group psychological and educational testing, and the study of individual differences with consideration of ethnic, cultural, and gender factors;

(j) Research and evaluation: including statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives; and

(k) Professional, legal, and ethical considerations: including the study of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensure, and the professional role identity of counselors.


General Authority: SDCL 36-32-56.

Law Implemented: SDCL 36-32-64.
20:73:03:02. Approved counseling program. Academic requirements to become a professional counselor-mental health must be completed through a program prescribed by SDCL subdivision 36-32-65(2) at a university or college accredited pursuant to § 20:73:03:01.

General Authority: SDCL 36-32-56.
Law Implemented: SDCL 36-32-65.
Licensed professional counselor--Mental health--Application--Requirements.

An applicant for a license as a professional counselor--mental health shall file an application, in the manner prescribed by the board, together with the application fee prescribed by the board in accordance with § 36-32-92. The board may issue a license as a professional counselor--mental health to an applicant who pays the license fee and demonstrates that:

1. The applicant has obtained licensure as a professional counselor under § 36-32-64;
2. The applicant has received a master's or a doctoral degree, consisting of at least forty-eight credit hours in counseling, with an emphasis on mental health counseling, from a counseling program approved by the Council for Accreditation of Counseling and Related Educational Programs 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;
   b. The general principles and practices for the promotion of optimal mental health;
   c. The specific models and methods for assessing mental status;
   d. 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 of Mental Disorders;
   e. 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;
   f. 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;
   g. The guidelines for conducting an intake interview and mental health history for planning and managing of client caseload; and
   h. The specific concepts and ideas related to mental health education, outreach, prevention, and mental health promotion;
3. The applicant has passed the National Clinical Mental Health Counseling Examination administered by the National Board for Certified Counselors;
4. Within the four years preceding the application, the applicant completed two thousand hours of direct client contact postgraduate supervision in counseling, in a manner prescribed by the board, under a plan of supervision approved by the board;
5. The applicant has no pending disciplinary proceeding or unresolved disciplinary complaint;
6. The applicant is of good moral character; and
7. The applicant is not in violation of any provision of this chapter or any rule promulgated under this chapter.

The board may refuse to grant a license to an applicant who fails to meet the requirements of this section. Notwithstanding the provisions of subdivision (4), the board may grant a license to an applicant who does not complete the required postgraduate supervision within four years of the application upon the applicant's show of good cause for exceeding the time limit. Notwithstanding the provisions of subdivision (6), the board may grant a license to an applicant who has been convicted of or pled guilty to a felony, to any crime involving or relating to the practice of counseling, or to any crime involving dishonesty or moral turpitude if the board determines that the applicant does not constitute a risk to public safety.

An applicant may appeal the denial of a license in accordance with chapter 1-26.

APPLICATION FOR PLAN OF SUPERVISION—PROFESSIONAL COUNSELOR

No supervision hours can accrue until a Plan of Supervision is approved for the applicant.

Please submit:
1) Completed application;
2) Attachment 1 completed and submitted directly to the Board by your Proposed Supervisor;
3) Proof of graduation (i.e. transcripts) from a CACREP program or a 48-hour master’s degree in counseling from an accredited institution submitted directly to the Board;
4) Proof of a passing score on the National Counselor Examination (NCE) submitted directly to the Board;
5) Verification of other licenses;
6) Quality color photograph of applicant;
7) Verification of any name change (i.e. marriage/divorce); and
8) Non-refundable $100 application fee.

The application fee for a Plan of Supervision is non-refundable. If the applicant uses more than one approved supervisor to meet the supervision requirements for full licensure, no fee will be charged for additional supervisors. If adding a 2nd (or 3rd) Supervisor, complete and submit Page 1 and Attachment 1.

APPLICANT INFORMATION

Name: __________________________________________________________________________
Address: _______________________________________________ City: ___________ State: __ Zip: ______
Date of Birth: _________________________ Social Security Number: __________________________
E-mail: ______________________________________ Phone: _______________________________
Name of Business: ________________________________ Phone: _____________________________
Address: __________________________________ City: __________________ State: __ Zip: ______

PROPOSED SUPERVISOR NAME

Name: ____________________________ SD License Number: ________ Issue Date of License: __________
License type: _____ LPC* _____ LPC-MH _____ LMFT _____ CSW-PIP _____ Psychologist _____ Psychiatrist
* If Proposed Supervisor is an LPC, I acknowledge that my direct client contact hours and supervision hours acquired under the plan of supervision will not be allowed to be carried forward to an PC-MH Plan of Supervision in the future.

Attachment 1 Completed: ___Yes ___No Attachment 1 must be completed and submitted directly to the Board by the Proposed Supervisor.
EDUCATION

Name of Post Graduate Institution: ___________________________________________________

City/State: ________________________________________________________________________

Date of Graduation: ______________________  Degree: __________________________________

Was your program of study CACREP approved? _____ Yes ______ No*

*If No, complete Attachment 2 and document the content areas of your education.

Please request your school send an official copy of your transcripts directly to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD  57501 or electronically to sdbce@midwestsolutionssd.com. Transcripts must be received directly from the school to be valid.  Date requested:____________

NATIONAL EXAMINATION

A passing score on the National Counselor Examination (NCE) is required prior to beginning a Plan of Supervision – Professional Counselor. Date of Examination:____________

Please request your official national exam score be sent to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD  57501 or released to the Board through the NBCC online results portal. Date requested:____________

MILITARY STATUS

_____YES _____NO  Are you a member or the spouse of a member of the armed forces of the United States?
   If Yes, were you or your spouse the subject of a military transfer to South Dakota? _____ Yes ____ No
   If Yes, did you leave employment to accompany your spouse to South Dakota? _____ Yes ____ No

LEGAL QUESTIONS (If you answer yes to any question below, please provide a separate written explanation.)

_____YES _____NO  Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

_____YES _____NO  Have you ever been convicted, pled no contest/nolo contender, 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?

_____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?

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

_____YES _____NO  Have you previously made application for licensure to this Board?
OTHER LICENSES

Do you currently hold a valid license to practice counseling in another state? _____ YES _____ NO

If yes, which state(s)? ____________________________

If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or electronically to sdbce@midwestsolutionssd.com. Date requested: ____________

STATISTICAL INFORMATION

These questions are asked for statistical purposes. Your answers are optional.

What is your gender? _____ Female _____ Male

What is your race? Please check all that apply.

☐ Asian ☐ Hispanic or Latino
☐ American Indian or Alaska Native ☐ White or Caucasian
☐ Black or African American ☐ Other
☐ Native Hawaiian or Pacific Islander ☐ Decline to Provide

APPLICATION FEE

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

☐ $100 non-refundable application fee

To be signed in the presence of a Notary Public

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT 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 FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR 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 AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL COUNSELING AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

___________________________________________ _________________________
Applicant Signature Date

State of _______________ )
County of _______________ ) SS

On this ___ day of ________, 20___, the above applicant, __________________________, personally appeared, known to me or satisfactorily proven to be the same person whose name is subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I have here unto set my hand and official seal.
Notary Signature: __________________________
Notary Name: __________________________
My Commission Expires: ________________

Mail completed application and fee to:
SD Board of Examiners for Counselors & Marriage and Family Therapists
PO Box 340
Pierre, SD  57501

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

For Board Use Only:
Application Fee  Check number _________________  Amount_______________________  Date________________
## ATTACHMENT 2 COURSEWORK REQUIREMENTS
### PROFESSIONAL COUNSELOR

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.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Course Number(s)</th>
<th>Course Title(s)</th>
<th>College/University</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling theory:</strong> including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Counseling techniques:</strong> including individual counseling practices, methods, facilitative skills, and the application of these skills;</td>
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<td></td>
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</tr>
<tr>
<td><strong>Counseling Practicum</strong></td>
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<tr>
<td><strong>Counseling Internship</strong></td>
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</tr>
<tr>
<td><strong>Human growth and development:</strong> 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social and Cultural Foundations:</strong> 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group counseling:</strong> including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Life-style and career development:</strong> 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual appraisal:</strong> 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Research and evaluation:</strong> including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional orientation:</strong> 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPLICATION FOR PLAN OF SUPERVISION—PROFESSIONAL COUNSELOR—MENTAL HEALTH

No supervision hours can accrue until a Plan of Supervision is approved for the applicant.

Please submit:
1) Completed application;
2) **Attachment 1** completed and submitted directly to the Board by your Proposed Supervisor;
3) Proof of graduation (i.e. transcripts) from a CACREP program or a 48-hour master’s degree in counseling from an accredited Institution submitted directly to the Board;
4) Verification of other licenses;
5) Quality color photograph of applicant; and
6) Verification of any name change (i.e. marriage/divorce).
7) Non-refundable $100 application fee.

The application fee for a Plan of Supervision is non-refundable. If the applicant uses more than one approved supervisor to meet the supervision requirements for full licensure, no fee will be charged for additional supervisors. If adding a 2nd (or 3rd) Supervisor, complete Page 1 and **Attachment 1**.

**APPLICANT INFORMATION**

Name: ___________________________________ LPC License Number: __________________________
Address: _____________________________ City: ___________ State: ___ Zip: __
Date of Birth: _________________________ Social Security Number: __________________________
E-mail: ________________________________ Phone: ________________________________
Name of Business: ________________________ Phone: ________________________________
Address: _____________________________ City: ___________ State: ___ Zip: ______

**PROPOSED SUPERVISOR NAME**

Name: ___________________________ SD License Number: ________ Issue Date of License: _________
License type: ___LPC-MH ___LMFT ___CSW-PIP ___Psychologist ___Psychiatrist

**Attachment 1 Completed: ___Yes ___No** Attachment 1 must be completed and submitted directly to the Board by the Proposed Supervisor.
EDUCATION

Name of Post Graduate Institution: ___________________________________________________

City/State: ________________________________________________________________________

Date of Graduation: __________________________  Degree: ______________________________

Was your program of study CACREP approved? _____ Yes _____ No*

*If No, complete Attachment 2 and document the content areas of your education.

Have your transcripts been previously submitted to the Board? _____ Yes _____ No*

*If No, please request your school send an official copy of your transcripts directly to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or electronically to sdbce@midwestsolutionssd.com. Transcripts must be received directly from the school to be valid. Date requested:____________

NATIONAL EXAMINATION

A passing score on the National Clinical Mental Health Counselor Examination (NCMHCE) is required prior to applying for licensure for a Licensed Professional Counselor-Mental Health (LPC-MH). When completed, request your official NCMHCE score be sent to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or released to the Board through the NBCC online results portal.

MILITARY STATUS

____YES ____NO  Are you a member or the spouse of a member of the armed forces of the United States?

If Yes, were you or your spouse the subject of a military transfer to South Dakota? _____ Yes ____No

If Yes, did you leave employment to accompany your spouse to South Dakota?  _____ Yes ____No

LEGAL QUESTIONS (If you answer yes to any question below, please provide a separate written explanation.)

____YES ____NO  Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

____YES ____NO  Have you ever been convicted, pled no contest/nolo contender, 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?

____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?

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

____YES ____NO  Have you previously made application for licensure to this Board?
**OTHER LICENSES**

Do you currently hold a valid license to practice counseling in another state? _____ YES _____ NO

If yes, which state(s)? __________________________________________________________

*If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD  57501 or electronically to sdbce@midwestsolutionssd.com. Date requested:__________*

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

- [ ] $100 non-refundable application fee

*To be signed in the presence of a Notary Public*

*BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT 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 FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A PLAN OF SUPERVISION OR 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 AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL COUNSELING AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.*

___________________________________________ _____________________________
Applicant Signature Date

State of _______________) ) SS
County of ________________)

On this ___ day of _______, 20___, the above applicant, ____________________________, personally appeared, known to me or satisfactorily proven to be the same person whose name is subscribed to the written instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I have here unto set my hand and official seal.

(SEAL) Notary Signature: __________________________

Notary Name: __________________________

My Commission Expires: ________________
Attach Photo Here

For identification purposes, the applicant shall furnish one color headshot taken not more than six months before the date of application.

Mail completed application and fee to:
SD Board of Examiners for Counselors & Marriage and Family Therapists
PO Box 340
Pierre, SD  57501

Board Use Only:

Application Fee  Check number _____________________  Amount _____________________  Date ____________
ATTACHMENT 2 COURSEWORK REQUIREMENTS
PROFESSIONAL COUNSELOR – MENTAL HEALTH

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.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Course Number(s)</th>
<th>Course Title(s)</th>
<th>College/University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling theory: including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;</td>
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<tr>
<td>Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;</td>
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<td>Counseling Practicum</td>
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<td>Counseling Internship</td>
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<td>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;</td>
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<tr>
<td>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;</td>
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<tr>
<td>Group counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;</td>
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<tr>
<td>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;</td>
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<tr>
<td>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;</td>
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<tr>
<td>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;</td>
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</tr>
</tbody>
</table>
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.
APPLICATION TO RENEW PLAN OF SUPERVISION

Application to renew your plan of supervision must be submitted at least 30 days before the expiration of the current plan of supervision.

Please select one:

□ Application to renew Plan of Supervision for Professional Counselor (LPC)
□ Application to renew Plan of Supervision for Professional Counselor-Mental Health (LPC-MH)
□ Application to renew Plan of Supervision for Marriage and Family Therapist (LMFT)

Current Plan of Supervision number: ____________ Current Plan of Supervision Expires: ____________

Please submit:

1) Completed application;
2) Non-refundable $100 application fee (if applicable).

SUPERVISEE INFORMATION

Name: ____________________________________________________________
Address: __________________________________________ City: _______ State: _______ Zip: _______
DOB: ___________________________ Social Sec Number: _______________________
E-mail: ___________________________ Phone: ____________________________
Name of Business: ___________________________ Phone: ____________________________
Address: ___________________________ City: _______ State: _______ Zip: _______

LIST CURRENT SUPERVISOR(S) NAME(S)

Name: ___________________________ SD License Number: ____________

Name: ___________________________ SD License Number: ____________

Name: ___________________________ SD License Number: ____________
MILITARY STATUS

_____YES _____NO      Are you a member or the spouse of a member of the armed forces of the United States?

If Yes, were you or your spouse the subject of a military transfer to South Dakota? _____Yes No
If Yes, did you leave employment to accompany your spouse to South Dakota? _____Yes No

OTHER LICENSES

Do you currently hold a valid license to practice counseling in another state? _____YES _____NO
If yes, which state(s)? ________________________________

If yes, please request the issuing state send a Letter of Verification to the South Dakota Board of Examiners for Counselors & Marriage and Family Therapists at PO Box 340, Pierre, SD 57501 or electronically to sdbce@midwestsolutionssd.com. Date requested:______________

LEGAL QUESTIONS  (If you answer yes to any question below, please provide a separate written explanation.)

_____YES _____NO      Have you ever been convicted, pled no contest/nolo contender, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

_____YES _____NO      Have you ever been convicted, pled no contest/nolo contender, 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?

_____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?

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_____YES _____NO      Have you previously made application for licensure to this Board?

APPLICATION FEE  Please include a personal check, cashier’s check, certified check or money order made payable to the State of South Dakota for the applicable amount. Application fee is due if submitted after plan of supervision expiration date.

☐ $100 non-refundable application fee

Mail completed application to:
SD Board of Examiners for Counselors & Marriage and Family Therapists
PO Box 340
Pierre, SD 57501