

**South Dakota Board of Social Work Examiners**

810 N. Main St., #298  
Spearfish, SD 57783-2446  
605-642-1600

**CONTRACT FOR SUPERVISION TO MEET CSW-PIP LICENSURE**

**FOR BOARD USE ONLY:**

Received \_\_\_\_\_

Received by board on \_\_\_\_\_

Approved  Yes  No Approved to Begin \_\_\_\_\_

If your contract is approved, it will begin on the date it was received in this office or the beginning date of supervision if it is a later date. You must mail the original to the board office. Please contact the board office 7 days after mailing to guarantee receipt of your contract.

Supervisee: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (M.)

Current CSW License Number: \_\_\_\_\_ Date Licensed as a CSW: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

My Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

SD License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_  
(Supervisor, Please supply proof that your license is current)

Place of Employment: \_\_\_\_\_

Beginning Date of Supervision: \_\_\_\_\_  
(Month) (Date) (Year)

Specify Focus and Specialization of Supervision: \_\_\_\_\_

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

# SUPERVISOR'S QUALIFICATIONS

Title: \_\_\_\_\_ Degree: \_\_\_\_\_

Licensed As: \_\_\_\_\_ License Number: \_\_\_\_\_

State Board Address and Telephone Number if not a South Dakota CSW-PIP

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

Original Date of License: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Areas of Practice and Specialization: \_\_\_\_\_

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

It is agreed that supervision will meet the minimum expectations of an average of one hour per week of supervision, for two cumulative years. (For part-time employment see 20:59:05:07 (2).) **It is understood that group supervision is acceptable only if such supervision does not exceed at least one-half of the total supervisory time.**

It is agreed that written evaluations will be completed by the supervisor, using the approved evaluation form every six months. Evaluation forms will be mailed to you after approval of your contract. Please mail originals to the Board Office. The evaluation will be given to the supervisee and a copy will be maintained by the supervisor. Such evaluations will become a part of the supervisee's personnel file if supervision is being provided by the agency; either through a staff member or through a supervisor engaged by the agency. It is agreed that if this contract is terminated by either party, both parties will notify the board. The supervisor will promptly complete the evaluation and termination forms and submit them to the Board. The undersigned agree to adhere to the guidelines on supervision as outlined in Article 20:59:05.

We, the undersigned, attest to the fact that the supervisee will not be engaged in the private practice of social work until duly licensed as a CSW-PIP by the South Dakota Board of Social Work Examiners.

I have read and I understand that it is my responsibility to comply with **Chapter 20:59:05** of South Dakota Administrative Rules (pages 16-21) regarding supervision of CSW-PIP candidates.

I declare and affirm under penalties of perjury that this contract has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

Supervisee's Name: \_\_\_\_\_

(Print)

Supervisee's Signature

Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

(Print)

Supervisor's Signature

Date \_\_\_\_\_