

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

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS  
810 North Main Street #298  
Spearfish, SD 57783  
605-642-1600

<b>For Board Use Only</b>			
Received _____		Board Reviewed _____	
Approved _____	Yes _____	No _____	Date 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 form to the Board office. Please contact the board office 7 days after mailing to guarantee receipt of your contract. A Supervisor is required to be licensed as a CSW-PIP, Psychiatrist, or Psychologist.

**Section I – To Be Completed by CSW-PIP Applicant**

CSW-PIP Applicant's Name: \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

Home Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

CSW-PIP Applicant Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employment Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

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

I am:

- Starting my initial Supervision
- Adding to my existing list of Supervisors
- Terminating relationship with my Supervisor \_\_\_\_\_ due to the following reason:  
\_\_\_\_\_  
\_\_\_\_\_

**Section II – To Be Completed by Supervisor**

Supervisor's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

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

Business Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Business Phone #: (\_\_\_\_\_) \_\_\_\_\_

Supervisor's License No.: \_\_\_\_\_ State Supervisor Licensed In: \_\_\_\_\_

Licensed As: \_\_\_\_\_

**Supervisor please attach proof that your license is current such as a photocopy of license.**

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

Areas of Competence for which you have training, education and experience:

- Clinical Social Work     Diagnosis and Treatment of Mental and Emotional Disorders     Individual, Group and Family Counseling  
 Crisis Intervention     Organizational Planning and Development     Community Organization  
 Other (explain below)

Beginning Date of Supervision: \_\_\_\_\_

Specify the focus and specialization of what you plan to cover during your supervision:

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

**Requirements of Supervision – Supervisor’s please read and initial the following statements, certifying that you will abide by them.**

Requirements for Supervision	Sup. Initials
1. I understand that to meet the requirements I must supervise the CSW-PIP applicant for a minimum of one hour per week (4 hours per month). Part-time employment see 20:59:05:07.	
2. I understand that group supervision is allowed as long as it does not exceed 50% of the total supervision time in each six-month period.	
3. I understand that I am responsible for ensuring that the CSW-PIP applicant is familiar with and in compliance with the NASW Code of Ethics as approved by the 1996 NASW Delegate Assembly and revised by the 1999 NASW Delegate Assembly.	
4. I understand that I am to evaluate the CSW-PIP applicant’s performance in a manner that is fair, considerate, and equitable based on clearly enunciated criteria that is shared with the CSW-PIP applicant.	
5. I understand that I am to complete written evaluations using the approved evaluation form provided by the Board office. I understand that I am to submit the completed evaluations to the board office every six months.	

Evaluation forms will be mailed to the CSW-PIP applicant after the approval of the contract. The original forms will need to be mailed to the Board office every six months until the end of the supervision period. Please be sure that both the supervisee and the supervisor retain copies before mailing to the board office. 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 forms and will 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 CSW-PIP applicant 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 regarding supervision of CSW-PIP applicants.

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.

CSW-PIP Applicant Name: \_\_\_\_\_ (Print)      Supervisor’s Name: \_\_\_\_\_ (Print)

CSW-PIP Applicant’s Signature: \_\_\_\_\_      Supervisor’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

Date: \_\_\_\_\_  
(mm/dd/yyyy)