

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS  
PO Box 340, Pierre, SD 57501

APPLICATION for APPROVED SUPERVISOR STATUS

Reference §20:68:04:07, §20:71:05:06, §20:73:04:05

< EFFECTIVE JULY 1, 2016 >

Submit the following along with your completed Application:

- Completion certificates OR college transcripts and course description(s) verifying at least four hours of training in supervision pursuant to §20:68:07 in the previous five years immediately preceding the submission of this application.
- Official verification of liability insurance.
- Full disclosure of all ethical complaint settlements.

Please complete by typing or printing legibly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MI

Home Mailing Address: \_\_\_\_\_  
City St Zip

Business Name & Address: \_\_\_\_\_  
City St Zip

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

License Type: \_\_\_\_\_ ORIGINAL ISSUE Date: \_\_\_\_\_ (mm / dd / yyyy)

- A. 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.
- B. 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.
- C. 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.

*By signing, I ATTEST that I understand and agree to follow all the Rules for an Approved Supervisor.*

\_\_\_\_\_  
Applicant's Signature

**Disclaimer:** Depending on your license type, you may not be eligible to supervise all supervisees due to pertinent Administrative Rules.

*For office use ONLY:* \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

# SUPERVISOR QUALIFICATIONS

Licensed Professional Counselor (LPC)

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:68:04:02>

Licensed Professional Counselor-Mental Health (LPC-MH)

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:73:04:02>

Licensed Marriage and Family Therapist (LMFT)

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:71:05:01>

## CHAPTER 20:68:07 CONTINUING EDUCATION

<http://legis.sd.gov/rules/DisplayRule.aspx?Rule=20:68:07>

[20:68:07:02](#) Continuing education compliance period.

[20:68:07:03](#) Continuing education requirements.

[20:68:07:09](#) Approval of sponsors.

**20:68:07:02. Continuing education compliance period.** The continuing education compliance period begins January 1 of each even-numbered year and ends **December 31 of each odd-numbered year**. The first compliance period for a new licensee begins after the second renewal date.

**20:68:07:03. Continuing education requirements.** During the continuing education compliance period, each licensee must complete at least 40 contact hours of approved continuing education without duplicating the same course. Four of those contact hours shall be on the subject of counseling ethics. This shall be documented by a published program, title, or description. **Approved supervisors shall complete four hours of counselor supervision education within the 40 contact hours.**

**20:68:07:09. Approval of sponsors.** The board will accept continuing education credits for programs accredited, approved, or presented by the following national organizations:

- (1) National Board for Certified Counselors (NBCC);
- (2) American Psychological Association (APA);
- (3) American Association of Marriage and Family Therapists (AAMFT);
- (4) National Association of Social Workers (NASW);
- (5) Commission on Rehabilitation Counselor Certification (CRCC);
- (6) American Medical Association Physician's Recognition Award Category 1 Credit (AMA PRA Category 1 Credit); and
- (7) Joint Commission for Accreditation of Health Care Organizations (JCAHCO).