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I, _____, the applicant for licensure as a CSW-PIP in Social Work in South Dakota, do hereby authorize

(Name of Supervisor)

to release all information in his/her possession that relates or may relate to my fitness to practice independently to the South Dakota Board of Social Work Examiners or its designee, and I authorize the South Dakota Board of Social Work Examiners or its agents or employees to consider any or all of such information in passing on the attached Supervisor Verification of Experience Form. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor, including all material deemed privileged or confidential, and I hereby direct the named supervisor to release such information to the South Dakota Board of Social Work Examiners or its designee.

I hereby, also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the

_____, the State
(name of supervisor)

of South Dakota Board of Social Work Examiners and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, 20_____.

(Applicant's signature)

State of _____)

County of _____)

On this _____ day _____, 20_____, before me

_____, the undersigned officer, personally appeared to be the person whose name is subscribed to the within instrument and acknowledged to me that ___he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

My commission Expires: _____

Notary Public

(SEAL)

State of _____

To be completed by Primary Supervisor. PLEASE PRINT OR TYPE. Pay particular attention to the time periods of the supervised professional experience when answering questions.

SUPERVISEE:

SECTION I.

NAME	LAST	FIRST	M.I.	AKAS OR ALIASES	LAST	FIRST	M.I.
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INSTRUCTIONS FOR SUPERVISOR: Please complete this form and return directly to the South Dakota Board of Social Work Examiners. Please note that the law states that a person in private, independent practice must have had two years experience under appropriate supervision in the field of specialization in which the applicant will practice. The supervisor must be a person who has experience in and is active in the field of specialization in which a person applying for a license as a certified social worker in private, independent licensure has practiced or is practicing as per SDCL 36-26-17. The supervisor should have had responsibility for the direct performance of the applicant, and should have provided at least four hours per month of contact in evaluating his/her performance.

PRIMARY SUPERVISOR:

NAME	LAST	FIRST	M.I.	TELEPHONE NO.	E-MAIL ADDRESS	FAX NO.	
MAILING ADDRESS					CITY	STATE	ZIP
DEGREE	LICENSE TYPE		LICENSE NO.	ISSUE DATE	JURISDICTION (STATE OR PROVINCE)		

YOUR STATE BOARD ADDRESS AND TELEPHONE NUMBER

Were you licensed in another state during this supervision period? If so, complete the following:

STATE	LICENSE TYPE/NO.	ISSUE DATE
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The nature of supervision was:

- Individual Group
 Peer Other

DATE OF SUPERVISION:

SECTION II.

FROM	TO	TOTAL NO. OF WEEKS SUPERVISEE WORKED:	AVERAGE NUMBER OF HOURS WORKED PER WEEK BY SUPERVISEE:	TOTAL HOURS OF ENTIRE PERIOD:	TOTAL HOURS OF DIRECT SUPERVISION PER MONTH:
MM / DD / YY	MM / DD / YY				

DUTIES: Describe below, in detail, the social work duties included in the supervised professional experience being verified on

