

**APPLICATION FOR BOARD APPROVED SUPERVISOR
ADDICTION OR PREVENTION TRAINEE OR SUPERVISEE**

Please submit:

1. Completed application;
2. Verification of the required qualified continuing education focused on addiction counseling supervision AND the American Society of Addiction Medicine Criteria;
3. Verification of license; and
4. Quality color photograph of applicant.

There is no fee for an Approved Supervisor Application. If approved, the Supervisor Status is valid from the date of approval through November 30 of the next odd-numbered year and is subject to renewal. Proof of at least four hours of qualified continuing education, focused on supervision, acquired during the current continuing education cycle.

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

E-mail: _____ Phone: _____

Name of Business: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SUPERVISOR QUALIFICATIONS

Please select one:

☐ I am a certified or licensed as an addiction counselor, prevention specialist, professional counselor, professional counselor-mental health, marriage and family therapist, certified social worker-private independent practice, psychologist, or psychiatrist, in good standing with the applicable South Dakota state licensing board, for at least two years; and have completed at least **16 hours of required continuing education**; or

☐ I am a certified or licensed as an addiction counselor, prevention specialist, professional counselor, professional counselor-mental health, marriage and family therapist, certified social worker-private independent practice, psychologist, or psychiatrist, in good standing with the applicable South Dakota state licensing board, for at least one year; and have completed at least **32 hours of required continuing education**.

LICENSE INFORMATION AND VERIFICATION

Please denote the current license(s) you hold and attach a copy of your current license(s):

License Type	License Number	Original Issue Date	Valid Through Date
Certified Addiction Counselor			
Licensed Addiction Counselor			
Certified Prevention Specialist			
Professional Counselor			
Professional Counselor – Mental Health			
Marriage & Family Therapist			
Psychologist			
Psychiatrist			
Certified Social Worker - PIP			

TRAINING REQUIREMENTS

Verification of **eight/sixteen** hours of qualified continuing education focused on addiction counseling supervision **AND eight/sixteen** hours of qualified continuing education focused on the American Society of Addiction Medicine Criteria is required to be a Board Approved Supervisor for an addiction counselor or prevention specialist trainee or supervisee. *(Required hours depend on years of certification or licensure.)*

NOTE: An undergraduate or graduate level course in clinical supervision, completed at an approved education institution, meets the requirements of continuing education focused on addiction counseling supervision to be a Board Approved Supervisor.

NOTE: An undergraduate or graduate level course in drug and alcohol treatment continuum, completed through an approved educational program at an approved education institution, meets the requirements of continuing education focused on the American Society of Addiction Medicine Criteria to be a Board Approved Supervisor.

Please list the qualified continuing education and provide proof of completion with the submitted application.

Date	Type (Supervision/ASAM)	Course Title	Course Sponsor	Course No.	Hours

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 contendere, 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 contendere, 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?

Acknowledgement of Supervisor Responsibilities

Acknowledge the following statements by initialing each statement:

- 1) _____ I agree to serve as a Board Approved Supervisor and follow all applicable laws and administrative rules for supervision.
- 2) _____ I acknowledge that a supervisee must be in the same agency when provided supervision by a Board Approved Supervisor.
- 3) _____ I acknowledge that supervision provided by a Board Approved Supervisor must occur at a frequency of one hour of supervision for every twenty hours of work experience by the supervisee.
- 4) _____ I acknowledge that supervision by a Board Approved Supervisor must include five hours of supervision in each of the five methods of supervision as outlined by administrative rule.
- 5) _____ I will follow the NAADAC/NCP Code of Ethics as a Board Approved Supervisor.
- 6) _____ I agree to notify the Board, in writing, of the completion or termination of an approved plan of supervision within **14 days** of the completion or termination of the plan.
- 7) _____ I acknowledge that failure to comply with all applicable laws and administrative rules for supervision subjects me to revocation of the Board Approved Supervisor status and/or discipline by the Board of Addiction and Prevention Professionals.

By signing, I attest that I understand and acknowledge the requirements needed to supervise addiction counselor or prevention specialist trainees or supervisees and agree to follow all South Dakota laws and administrative rules for an Approved Supervisor as detailed in ARSD 20:80.

Applicant Signature

Date

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 supporting documents to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

OR

Email completed application and supporting documents to:

BAPP@midwestsolutionssd.com