

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES  
**SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS**

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Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

**ATTACHMENT 1: Proposed Supervisor for Trainee Recognition**

*To be completed and submitted by the proposed supervisor. No supervised work experience hours can accrue until a completed application is approved for the Trainee.*

**PROPOSED TRAINEE INFORMATION**

Trainee Name: \_\_\_\_\_ Type of Trainee: \_\_\_ ACT \_\_\_ PST

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency DSS Accredited: \_\_\_ Yes \_\_\_ No

**PROPOSED SUPERVISOR INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

License type: \_\_\_ CAC \_\_\_ LAC \_\_\_ CPS

Certificate/License Number: \_\_\_\_\_ Certificate/License Issue date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES**

Please acknowledge the following statements by marking the appropriate answer to each statement.

- 1) \_\_\_ Yes \_\_\_ No I agree to serve as a Supervisor for the proposed Trainee.
- 2) \_\_\_ Yes \_\_\_ No I acknowledge the Supervisor duties and requirements that I must follow, including the required hours of supervision as outlined by South Dakota administrative rules.
- 3) \_\_\_ Yes \_\_\_ No I will follow the NAADAC/NCC AP Code of Ethics as a Supervisor.
- 4) \_\_\_ Yes \_\_\_ No I agree to notify the Board, in writing, of the completion or termination of addiction counselor trainee supervision within **14 days** of the completion or termination of the supervision.

**I attest to the fact the information I have provided above is true and accurate; that if approved, I am responsible for this applicant's supervised work experience as documented on this Attachment 1, and compliant with the South Dakota codified laws and administrative rules.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Scan and send completed form to [bapp@midwestsolutionsd.com](mailto:bapp@midwestsolutionsd.com) or mail to address above.