

To be completed and submitted directly to the Board by each Supervisor.

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Attachment A – Supervisor Evaluation

The trainee named below is applying for certification/licensure to practice addictions counseling in the State of South Dakota. The South Dakota Board of Addiction and Prevention Professionals requires submission of information by the ACT/PST supervisor or accredited agency, to verify the candidate's supervised work experience.

TRAINEE INFORMATION

Trainee Name: _____ Agency: _____

ACT SUPERVISOR INFORMATION

Name of ACT/PST Supervisor: _____ LAC ___ CAC ___ CPS

As required by South Dakota Law and Administrative Rules, I attest to the following statements:

I attest to the fact the above Supervisee completed the minimum number of hours of work experience as prescribed in the administrative rules. Supervisor's Initials _____

I attest that one hour of supervision took place for every 10 hours of work experience by the Supervisee. Supervisor's Initials _____

I attest to the fact that (10 CAC & LAC; 50 CPS) hours of each of the required supervision methods took place during supervision. Supervisor's Initials _____

Screening: _____ Hours	Case Management _____ Hours
Intake: _____ Hours	Crisis Intervention _____ Hours
Orientation _____ Hours	Client Education _____ Hours
Assessment _____ Hours	Referral _____ Hours
Treatment Planning _____ Hours	Reports & Record Keeping _____ Hours
Counseling _____ Hours	Consultation _____ Hours

I attest I held an active license during the entirety of this supervision period. Supervisor's Initials _____

Attachment A – Continued

Trainee Name: _____

Accredited Agency Location: _____

Tracking Form Summary

Dates of ACT/PST Supervision by this supervisor Start (mm/dd/yy) * _____

End (mm/dd/yy) _____

Work Experience*

Number of Work Experience hours acquired by electronic means: _____

Number of Work Experience hours acquired in person: _____

Total number of Work Experience hours supervised during this period: _____

Supervision Hours**

Total number of supervision hours acquired: _____

Total number of supervision hours: _____

"I attest to the fact these hours are true and accurate." **Supervisor's Initials** _____

*If a supervisee is pursuing certification/licensure no more than 50 percent of the required supervision hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

I attest to the fact the information I have provided above is true and accurate; that I was responsible for this applicant's supervision as documented on this Attachment XX, supervision took place within the requirements of South Dakota laws and administrative rules and that we were compliant with the South Dakota laws and administrative rules.

Supervisor's Signature

Date

Scan and send completed form to bapp@midwestsolutionsd.com.