

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

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

ADDICTION COUNSELOR TRAINEE /PREVENTION SPECIALIST TRAINEE

Supervision and Work Experience Tracking Form

Applicant Name: _____

Certificate Number: _____ **Agency:** _____

Supervisor (one supervisor per tracking form): _____ CAC LAC CPS

Required: Documentation of a minimum of 300 hours of supervised practical training in the 12 Core Functions, with a minimum of 10 hours (50 hours for PST) in each core function.

Required Supervision

Supervision must include a minimum of one hour of supervision for every 10 hours of client contact. The methods that may be used are intensive case review and discussion utilizing direct observation of a practitioner in action via videotape, direct live observation of sessions, co-counseling, process recordings, simulations, role playing, direct or indirect observation of clinical practice via case presentations, verbatim case reviews, quality care reviews, and other methods consistent with providing supervisory services.

Supervision must be face-to-face whenever possible. **No more than 50 percent** of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Supervision of an ACT/PST

The supervision of an ACT/PST by a CAC or LAC or CPS must include a minimum of eight contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required. The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A trainee may not be supervised by a relative.

Twelve Core Functions:

- | | |
|-----------------------|------------------------------|
| 1. Screening | 7. Case Management |
| 2. Intake | 8. Crisis Intervention |
| 3. Orientation | 9. Client Education |
| 4. Assessment | 10. Referral |
| 5. Treatment Planning | 11. Reports & Record Keeping |
| 6. Counseling | 12. Consultation |

ORIGINAL TRACKING FORMS MUST BE SUBMITTED WITH YOUR TESTING APPLICATION

TRAINEE – SUPERVISION TRACKING FORM

Applicant Name: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours In-person	Number of Work Experience Hours Electronic	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
<i>List work experience date</i>	<i>Provide a brief explanation of the methods that were provided</i>	<i>8,000 – HS 6,000 – Associates 4,000- Bachelor's 2,000- Master's Minimum</i>		<i>1 hour per 10 hours of Work Experience</i>	<i>Individual or Electronic</i>	<i>What Type(s) of Core Function was used? List (1)-(12)</i>
10/8/2020	Description here.	15	5	1	Individual	1

TRAINEE – SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Work Experience/ Supervision Dates	Services Provided	Number of Work Experience Hours In-person	Number of Work Experience Hours Electronic	Supervision Hours	Supervision Type	12 Core Functions Type (1-12)
<i>List supervision date</i>	<i>Provide a brief explanation of the services that were provided</i>	<i>See above for minimum</i>		<i>1 hour per 10 hours of Work Experience</i>	<i>Individual or Electronic</i>	<i>What Supervision Method was used? List (1)-(12)</i>
10/8/2020	Description here.	15	5	1	Individual	1

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	HOUR TOTALS	Work Experience In-Person	Work Experience Electronic	Supervision total		
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Work Experience Hours: _____ (in-person) + _____ (electronic)= _____

Supervision Hours Total: _____

Method totals:

_____ (1) Screening;	_____ (5) Treatment Planning;	_____ (9) Client Education;
_____ (2) Intake;	_____ (6) Counseling;	_____ (10) Referral;
_____ (3) Orientation;	_____ (7) Case Management;	_____ (11) Reports & Record Keeping;
_____ (4) Assessment;	_____ (8) Crisis Intervention;	_____ (12) Consultation

I declare and affirm under the penalties of perjury that this Trainee Tracking Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that misstatement of material fact may result in denial of my application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.

Trainee Signature

Date

Supervisor Signature

Date