South Dakota Board of Addiction and Prevention Professionals (BAPP) PO Box 340, Pierre, SD 57501

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TRAINEE SUPERVISION CHANGE FORM

Please select one:					
I am <u>adding</u> an add	-				
I am updating my S	upervisor from	to	·		
TRAINEE PERSONAL DAT	TA:				
Name:					
First	Middle	Last	Maiden		
Home Address:					
City:		State:	Zip:		
Home Phone:		Cell Phone:			
Home Email:		Work Email:			
Work Phone:		Trainee Certificate number:			
TRAINEE EMPLOYMENT	DATA:				
Agency Name:			Phone:		
Agency Mailing Address:					
City:		State:	Zip:		
Job Title:					
SUPERVISON DATA (to b	e completed by s	upervisor):			
Supervisor's Name:				_	
Supervisor's Credential:	CAC	LAC CPS			
Supervisor's Agency:					
Agency Mailing Address:					
City:		State:	Zip:	<u> </u>	
Supervisor's Phone:		Supervisor's Email: _			
Signature of	of Supervisor		Date	_	

Clinical Supervisor Code of Ethics

The Clinical Supervisor must complete and sign this page.

(The NAADAC/NCC AP Code of Ethics can be viewed and/or printed at: https://dss.sd.gov/docs/licensing/bapp/NAADAC NCC AP Code of Ethics.pdf)

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical supervision embraces a potential ethical vulnerability; therefore, clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

Clinical Supervisors shall uphold the NAADAC/NCC AP Code of Ethics. Clinical Supervisors have a responsibility to ensure that Trainees receive the supervision necessary for professional development.

I affirm, understand, and will adhere to the Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policy. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of trainees recognized by the BAPP and/or disciplinary actions and sanctions against my credential as an Addiction Counselor or Prevention Specialist.

By checking this box, I hereby attest that I have read and will comply with the Code of Ethics.						
This application will not be processed if you fail to read t	the Code of Ethics and have not checked th	ie box above.				
Supervisor's Name	Credential: CAC LAC _	CPS				
Supervisor's Job Title						
Agency Name:						
Signature of Supervisor	 Date					