Attachment A – Supervised Experience with Qualified Supervisor
Licensed Professional Counselor – Mental Health

Please Submit a Separate Attachment for Each Supervisor

Applicant’s Name__________________________________________

Last Name First Name MI __________________________________________

The individual named above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Examiners for Counselors and Marriage and Family Therapists requires submission of information by the approved supervisor(s), to verify the candidate's supervised experience.

To be completed by Applicant

Name of Approved Supervisor:__________________________________________

Nature of setting in which supervised practice took place: ________________________________

__________________________________________

Tracking Form Summary

Dates of Supervision by this supervisor at this setting: Start (mm/dd/yy)*__________

End (mm/dd/yy) __________

Total number of Direct Client Contact hours during period listed above __________

Supervisory Hours Total Number Face-to-Face __________

Total Number of Group or by Secured Conferencing __________

“I attest to the fact these hours are true and accurate.” Supervisor’s Initials __________

Please describe the nature of the applicant’s duties: ________________________________

__________________________________________

__________________________________________

Please describe the nature of the supervision provided: ________________________________

__________________________________________
Attachment A – Continued

To be completed by Supervisor

I have reviewed the applicant's statements on this Attachment A. They are _____ / are not _____ substantially correct. (Please add any corrections on a separate sheet of paper.)

The quality of the applicant's performance during the supervision was: (check one)

Outstanding Good Fair Poor

Rank the applicant from 1 - 5 (5 as the highest) on their performance and understanding of the following:

1. Counseling psychotherapy techniques 1 2 3 4 5
2. Appraisal, evaluation, and diagnostic procedures 1 2 3 4 5
3. Treatment planning and implementation 1 2 3 4 5
4. Case management and record keeping 1 2 3 4 5
5. Professional identity and function 1 2 3 4 5
6. Professional ethics and standards of practice 1 2 3 4 5

Supervision shall include at a minimum two of the four following methods:

1. The presentation and staffing of cases
2. The critiquing of audio or video counseling tapes
3. The direct observations of the supervisee; or
4. Co-counseling with the supervisee

What were the two or more methods you used to comply with this requirement?

__________________________________________________________  ____________________________________________________________

I held an active license during the entirety of this supervision period:__________ Yes ________ No

Licensed by____________________ License Type__________________ License #__________

I attest to the fact the information I have provided above is true and accurate; that I was solely responsible for this applicant’s supervision as documented on this Attachment A, and that we were compliant with the SD Laws and Administrative Rules.

__________________________________________________________  ______________________________
Supervisor’s Signature     Date

South Dakota Board of Examiners of Counselors and Marriage & Family Therapists at PO Box 340, Pierre, SD 57501