

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

**Please Submit a Separate Attachment for Each Supervisor**

Applicant's Name \_\_\_\_\_  
Last First 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