

Attachment A – Supervised Experience with Qualified Supervisor Licensed Professional Counselor

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 _____

Total number of **Counseling-Related** 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