

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES  
**SOUTH DAKOTA BOARD OF EXAMINERS FOR COUNSELORS &  
MARRIAGE AND FAMILY THERAPISTS**

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Website: [dss.sd.gov/licensingboards/counselors/counselors.aspx](https://dss.sd.gov/licensingboards/counselors/counselors.aspx)

**ATTACHMENT 1: Proposed Supervisor for Plan of Supervision Application**

*To be completed and submitted by the proposed Supervisor. No supervision hours can accrue until a completed Plan of Supervision application is approved for the Supervisee.*

**PROPOSED SUPERVISEE INFORMATION**

Supervisee Name: \_\_\_\_\_ Type of Plan of Supervision: \_\_\_ LPC \_\_\_ LPC-MH \_\_\_ LMFT

Name of Business/Practice \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROPOSED SUPERVISOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

SD License Number: \_\_\_\_\_ License Issue date: \_\_\_\_\_

License type:           LPC       LPC-MH       LMFT       CSW-PIP       Psychologist       Psychiatrist

**ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES**

Acknowledge the following statements by marking the appropriate answer to each statement.

- 1)    Yes     No   I agree to serve as a Board Approved Supervisor for the proposed Supervisee.
- 2)    Yes     No   I am a current Board Approved Supervisor with the Board.
- 3)    Yes     No   I acknowledge the Supervisor duties and requirements that I must follow, including the required four methods of supervision for LPC and LMFT Plans of Supervision as outlined by South Dakota administrative rules.
- 4)    Yes     No   I will follow the ACA/AAMFT Code of Ethics as a Supervisor.
- 5)    Yes     No   I ensure the practice setting/location is appropriate for the proposed Supervisee.
- 6)    Yes     No   I agree to notify the Board, in writing, of the completion or termination of an approved post graduate plan of supervision within **14 days** of the completion or termination of the plan.

**I attest to the fact the information I have provided above is true and accurate; that if approved, I am responsible for this applicant's supervision as documented on this Attachment 1, and compliant with the South Dakota laws and administrative rules.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Scan and send completed form to [sdbce@midwestsolutionsd.com](mailto:sdbce@midwestsolutionsd.com) or mail to address above.