

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

PO Box 340, 1351 N. Harrison Ave., Pierre, SD 57501
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Website: 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 five methods 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 or mail to address above.