

**To be completed and submitted directly to the Board by each Supervisor.**

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**Attachment A – Supervised Experience with Board Approved Supervisor**

*The supervisee named below 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 to verify the candidate's supervised experience.*

**SUPERVISEE INFORMATION**

Supervisee Name: \_\_\_\_\_ Practice Location: \_\_\_\_\_

Type of Plan of Supervision: \_\_\_LPC \_\_\_LPC-MH \_\_\_LMFT

**SUPERVISOR INFORMATION**

Name of Approved Supervisor: \_\_\_\_\_ License # \_\_\_\_\_

License type: \_\_\_LPC \_\_\_LPC-MH \_\_\_LMFT \_\_\_CSW-PIP \_\_\_Psychologist \_\_\_Psychiatrist

**As required by South Dakota Law and Administrative Rules, I attest to the following statements:**

I attest to the fact the above Supervisee completed the minimum hours of direct client contact. Supervisor's Initials \_\_\_\_\_

I attest to the fact the above Supervisee completed the minimum 100 hours of supervision. Supervisor's Initials \_\_\_\_\_

I attest that one hour of supervision took place for every 20 hours of direct client contact by the Supervisee. Supervisor's Initials \_\_\_\_\_

I attest to the fact at least five hours of each of the required supervision methods took place during supervision. *(Not applicable for LPC-MH Plan of Supervision)* Supervisor's Initials \_\_\_\_\_

- |   |              |
|---|--------------|
| 1. The presentation and staffing of cases;    | Hours: _____ |
| 2. The direct observations of the supervisee; | Hours: _____ |
| 3. Co-counseling with the supervisee; and     | Hours: _____ |
| 4. Review of supervisee recordkeeping.        | Hours: _____ |

I attest I held an active license during the entirety of this supervision period. Supervisor's Initials \_\_\_\_\_

**Attachment A – Continued**

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

Type of Plan of Supervision: \_\_\_LPC \_\_\_LPC-MH \_\_\_LMFT

**Tracking Form Summary**

**Dates** of Supervision by this supervisor Start (mm/dd/yy)\* \_\_\_\_\_

End (mm/dd/yy) \_\_\_\_\_

**Direct Client Contact\***

Number of Direct Client Contact hours acquired by electronic means: \_\_\_\_\_

Number of Direct Client Contact hours acquired in person: \_\_\_\_\_

**Total** number of Direct Client Contact hours supervised during this period: \_\_\_\_\_

**Supervision Hours\*\***

Total number of supervision hours acquired in individual setting: \_\_\_\_\_

Total number of supervision hours acquired in a group setting: \_\_\_\_\_

**Total** number of supervision hours: \_\_\_\_\_

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

\*If supervisee is pursuing a professional counselor license (LPC) no more than 400 hours of direct client contact may be acquired by electronic means.

If supervisee is pursuing a marriage and family therapist license (LMFT) nor more than 1,000 hours of direct client contact may be acquired by electronic means.

If supervisee is pursuing a professional counselor-mental health license (LPC-MH) all direct client contact hours may be acquired by electronic means.

\*\* No more than 50 hours of supervision may be acquired in a group setting.

**I attest to the fact the information I have provided above is true and accurate; that I was responsible for this applicant’s supervision as documented on this Attachment A, supervision took place within the requirements of South Dakota laws and administrative rules and that we were 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)