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 critiquing of audio or video counseling; Hours:______
3. The direct observations of the supervisee; Hours:______
4. Co-counseling with the supervisee; and Hours:______
5. Review of supervisee recordkeeping. Hours:______

I attest I held an active license during the entirety of this supervision period. Supervisor’s Initials _____
Supervisee Name:_______________________________________________________

Type of Plan of Supervision: ____LPC  ____LPC-MH  ____LMFT

*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@midwestsolutionssd.com