South Dakota Board of Examiners for Counselors and MFTs
PO Box 340, Pierre, SD 57501 – 605-224-1721 – SDBCE@midwestsolutionssd.com

LPC-MH SUPERVISION TRACKING FORM

APPLICANT NAME:_____

SUPERVISOR NAME (one supervisor per tracking form):

_____

ORIGINALS MUST BE SUBMITTED WITH YOUR APPLICATION

Applicant must verify a minimum of 2,000 Direct Hours and 100 Supervision Hours. Up to 1,000 Direct Hours (if earned) and 50 Supervision Hours may pull forward from your LPC Application if supervised by someone having the highest level of licensure in their profession. Applicant must have Supervision Hours during the week that Direct Hours are provided or those hours do not count.

At least two of the four Methods of Supervision must be used by the Supervisor. These include:

1. **Present/Staff Cases**
2. **Audio/Video Tapes (review of licensee in a counseling session)**
3. **Direct Observation**
4. **Co-Counseling**

Enter number(s) under Methods Section

Sup Dates	Services Provided	Methods	Direct Hours	Sup Hours Individual Face-Face	Sup Hours Group or Tele/Video Conferencing
List sup date by week	*Provide a brief explanation of the services that were provided*	*Include at least two different methods in total hours*	*2,000 Hour Min*	*50 Hour Minimum*	

APPLICANT NAME:_____

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Sup Dates	Services Provided	Methods	Direct Hours	Sup Hours Individual Face-Face	Sup Hours Group or Tele/Video Conferencing
List sup date by week	***Provide a brief explanation of the services that were provided***	***Include at least two different methods in total hours***	***2,000 Hour Min***	***50 Hour Minimum***	

HOUR TOTALS	0.00	0.00	0.00

I declare and affirm under the penalties of perjury that this LPC-MH Tracking Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that misstatement of material fact may result in denial of my application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.

_____ _____

Applicant Signature Date Supervisor Signature Date