

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
Tel: 605.224.1721 Email: sdbce@midwestsolutionssd.com
Website: <https://dss.sd.gov/licensingboards/counselors/counselors.aspx>

LPC-MH SUPERVISION TRACKING FORM

APPLICANT NAME: _____

POS Number: _____

SUPERVISOR NAME (one supervisor per tracking form): _____

Post graduate supervision requirements – Professional counselor – mental health
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[20:73:04:08](#). Post graduate supervision requirements:

- (1) A minimum of 2,000 hours of direct client contact; and
- (2) A minimum of 100 hours of supervision with a board approved supervisor. At least one hour of supervision must take place for every 20 hours of direct client contact by the supervisee. Supervision may be individual or with a group. For the purpose of this chapter, individual supervision is supervision between a supervisor and up to two supervisees. Group supervision is supervision between a supervisor and three or more supervisees. No more than 50 hours of the required supervision may be group supervision.

Supervision may take place by electronic means, as prescribed by chapter 20:73:08 and must be synchronous.

For the purpose of this chapter, a supervisee may count a maximum of 1,000 hours of direct client contact hours and a maximum of 50 hours of supervision acquired with a board approved supervisor under a post graduate plan of supervision for a professional counselor issued pursuant to § 20:68:04:10 if the supervisor providing supervision under the post graduate plan of supervision for a professional counselor met the qualifications of § 20:73:04:07 at the time the supervision hours were acquired.

Direct client contact hours and supervision hours must be recorded on a form provided by the board.

ORIGINAL TRACKING FORMS MUST BE SUBMITTED WITH YOUR LICENSURE APPLICATION

1. Complete tracking form electronically. Handwritten forms not permissible.
2. Minimum of 2,000 direct client contact
3. Minimum 100 hours supervision
 - a. 1 hour for every 20 hours direct client contact
 - b. < 50 can be group supervision.
4. Supervisee and Supervisor sign final page.

LPC-MH SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Supervision Dates	Services Provided	Number of Direct Client Contact Hours <i>In-person</i>	Number of Direct Client Contact Hours <i>Electronic</i>	Supervision Hours	Supervision acquired
<i>List supervision date</i>	<i>Provide a brief explanation of the services that were provided</i>	<i>Minimum of 2,000 hours</i>		<i>1 hour per 20 hours of Direct Client Contact</i>	<i>Individual or Group (<50 may be group)</i>
10/8/2020	Description here.	15	5	1	Individual

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<i>List supervision date</i>	<i>Provide a brief explanation of the services that were provided</i>	<i>Minimum of 2,000 hours</i>		<i>1 hour per 20 hours of Direct Client Contact</i>	<i>Individual or Group (<50 may be group)</i>
<i>10/8/2020</i>	<i>Description here.</i>	<i>15</i>	<i>5</i>	<i>1</i>	<i>Individual</i>

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Supervision Dates	Services Provided	Number of Direct Client Contact Hours <i>In-person</i>	Number of Direct Client Contact Hours <i>Electronic</i>	Supervision Hours	Supervision acquired
<i>List supervision date</i>	<i>Provide a brief explanation of the services that were provided</i>	<i>Minimum of 2,000 hours</i>		<i>1 hour per 20 hours of Direct Client Contact</i>	<i>Individual or Group (<50 may be group)</i>
10/8/2020	Description here.	15	5	1	Individual

LPC-MH SUPERVISION TRACKING FORM

APPLICANT NAME: _____

Supervision Dates	Services Provided	Number of Direct Client Contact Hours <i>In-person</i>	Number of Direct Client Contact Hours <i>Electronic</i>	Supervision Hours	Supervision acquired
<i>List supervision date</i>	<i>Provide a brief explanation of the services that were provided</i>	<i>Minimum of 2,000 hours</i>		<i>1 hour per 20 hours of Direct Client Contact</i>	<i>Individual or Group (<50 may be group)</i>
10/8/2020	Description here.	15	5	1	Individual

	HOUR TOTALS	Direct in-person	Direct electronic	Supervision total	
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Direct Client Contact Hours: _____

Supervision Hours Total: _____

Carry Forward Direct Client Contact Hours: _____ (Maximum of 1,000 hours)

Carry Forward Supervision Hours: _____ (Maximum of 50 hours)

Grand Total Direct Client Contact Hours: _____

Grand Total Supervision Hours: _____

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