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 SUPERVISION TRACKING FORM

For Plans of Supervision issued after 10/1/2020

APPLICANT NAME:_____
POS Number:_____

SUPERVISOR NAME (one supervisor per tracking form): _____

Post graduate supervision requirements – Professional Counselor

20:68:04:10. Post graduate supervision requirements:

(1) A minimum of 1,000 hours of direct client contact. No more than 400 direct client contact hours may be acquired by counseling provided through electronic means, as prescribed by chapter 20:68:06. All other direct client contact hours must be acquired in-person; 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 must include at least **five** hours of each of the following supervision methods:

(a) Presentation and staffing of cases;
(b) Critiquing of audio or video counseling;
(c) Direct observations of the supervisee;
(d) Co-counseling with the supervisee; and
(e) Review of supervisee recordkeeping; and

(3) A minimum of 900 hours of counseling related activities. For purposes of this chapter, a supervisee accumulates 55 minutes of counseling related activity for each hour of direct client contact performed.

Supervision may take place by electronic means, as prescribed by chapter 20:71:08 and must be synchronous.

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 1,000 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. Supervision must include a minimum of 5 hours in each of the five [(a)-(e)] supervision methods.
5. Supervisee and Supervisor sign final page.

LPC SUPERVISION TRACKING FORM

APPLICANT NAME:_____

Supervision Dates	**Services Provided**	**Number of Direct Client Contact Hours In-person**	**Number of Direct Client Contact Hours Electronic**	**Supervision Hours**	**Supervision acquired**	**Supervision Method (a-e)**
List supervision date	***Provide a brief explanation of the services that were provided***	***600 Hour Minimum***	***400 Hour Maximum***	***1 hour per 20 hours of Direct Client Contact***	***Individual or Group (<50 may be group)***	***What Supervision Method was used? List (a)-(e)***
10/8/2020	***Description here.***	***15***	***5***	***1***	***Individual***	***a***

LPC SUPERVISION TRACKING FORM

APPLICANT NAME:_____

Supervision Dates	**Services Provided**	**Number of Direct Client Contact Hours In-person**	**Number of Direct Client Contact Hours Electronic**	**Supervision Hours**	**Supervision acquired**	**Supervision Method (a-e)**
List supervision date	***Provide a brief explanation of the services that were provided***	***600 Hour Minimum***	***400 Hour Maximum***	***1 hour per 20 hours of Direct Client Contact***	***Individual or Group (<50 may be group)***	***What Supervision Method was used? List (a)-(e)***
10/8/2020	***Description here.***	***15***	***5***	***1***	***Individual***	***a***

LPC SUPERVISION TRACKING FORM

APPLICANT NAME:_____

Supervision Dates	**Services Provided**	**Number of Direct Client Contact Hours In-person**	**Number of Direct Client Contact Hours Electronic**	**Supervision Hours**	**Supervision acquired**	**Supervision Method (a-e)**
List supervision date	***Provide a brief explanation of the services that were provided***	***600 Hour Minimum***	***400 Hour Maximum***	***1 hour per 20 hours of Direct Client Contact***	***Individual or Group (<50 may be group)***	***What Supervision Method was used? List (a)-(e)***
10/8/2020	***Description here.***	***15***	***5***	***1***	***Individual***	***a***

LPC SUPERVISION TRACKING FORM

APPLICANT NAME:_____

Supervision Dates	**Services Provided**	**Number of Direct Client Contact Hours In-person**	**Number of Direct Client Contact Hours Electronic**	**Supervision Hours**	**Supervision acquired**	**Supervision Method (a-e)**
List supervision date	***Provide a brief explanation of the services that were provided***	***600 Hour Minimum***	***400 Hour Maximum***	***1 hour per 20 hours of Direct Client Contact***	***Individual or Group (<50 may be group)***	***What Supervision Method was used? List (a)-(e)***
10/8/2020	***Description here.***	***15***	***5***	***1***	***Individual***	***a***

	HOUR TOTALS	Direct in-person 0.00	Direct electronic 0.00	Supervision total 0.00		

Direct Client Contact Hours: 0.00 (in-person) + 0.00 (electronic)= 0.00
Supervision Hours Total: 0.00
Counseling Related Hours Total:_____

Method totals:
_____ (a) Presentation and staffing of cases;
_____ (b) Critiquing of audio or video counseling;
_____ (c) Direct observations of the supervisee;
_____ (d) Co-counseling with the supervisee; and
_____ (e) Review of supervisee recordkeeping.

I declare and affirm under the penalties of perjury that this LPC 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