



South Dakota Board of Examiners for Counselors &  
Marriage and Family Therapists

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**APPLICATION FOR APPROVED SUPERVISOR STATUS**

**Please provide:**

1. Completed application.
2. Completion certificates or college transcripts and course description(s) verifying at least four hours of training in supervision in the five years immediately preceding the submission of this application.
3. Verification of liability insurance.

**There is no fee for an Approved Supervisor Application. If approved, the Supervisor Status is valid for a period of two years. Four hours of continuing education in supervision will be required to renew the Supervisor Status.**

**APPLICANT INFORMATION**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS/EMPLOYER INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**LICENSE INFORMATION**

Please denote the current license(s) you hold and attach a copy of your current license(s):

License Type	License Number	Date Issued	Good Through Date
LPC			
LPC-MH			
LMFT			
Psychologist			
Psychiatrist			
CSW-PIP			

**TRAINING REQUIREMENTS**

At least four hours of training in supervision is required, please list the training you have completed within the past five years.

<b>Date</b>	<b>Type (Ethics or General)</b>	<b>Course Title</b>	<b>Course Sponsor</b>	<b>Course No.</b>	<b>Hours</b>

**LEGAL QUESTIONS**

**Please answer the following questions. If you answer yes to any question, please provide a written explanation on a separate sheet.**

- 1. Have you been convicted of any felony, any crime involving or relating to the practice of counseling or any crime involving dishonesty or moral turpitude in the past 12 months?      \_\_\_\_\_Yes      \_\_\_\_\_No
  
- 2. Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state in the past 12 months?      \_\_\_\_\_Yes      \_\_\_\_\_No
  
- 3. Are you \$1,000 or more behind in child support payments?      \_\_\_\_\_Yes      \_\_\_\_\_No

***By signing, I attest that I understand and agree to follow all the Rules for an Approved Supervisor.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date