SECTION III (TO BE COMPLETED BY PRIMARY SUPERVISOR ONLY).

Please answer the following questions as they apply to this supervision experience:

General questions for ALL periods of time:

1. Did you provide at least 4 hours of direct, individual supervision every month? Yes__ No __
2. Did you possess and maintain a valid, active license during the entire supervision period? Yes__ No __
3. Was your supervision in compliance with NASW Code of Ethics as well as licensing laws and regulations? Yes__ No __
4. Did you ensure that the supervisee was at all times in compliance with all applicable licensing laws and regulations? Yes__ No __
5. Did you have adequate education, training and experience to supervise this supervisee's areas of practice? Yes__ No __
6. Did the supervisee have the appropriate education and training to practice in these areas? Yes__ No __
7. Did you receive payment, monetary or otherwise, from the supervisee for the purpose of providing supervision? Yes No __
8. Was your license to practice psychology, social work, psychiatry or any other profession subject to discipline by any state or country during the period of supervision? If yes, explain on a separate sheet of paper. Yes__ No __
9. Were you employed at the same work setting where the supervisee was providing social work services? Yes__ No __
10. Were you available to the supervisee 100% of the time the supervisee was working either in person, telephone or electronically? Yes__ No __
11. Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the supervisee was obtaining supervised professional experience? Yes__ No __
12. Were you contracted by the supervisee to provide supervision? Yes__ No __

I would rate the supervisee's performance under my supervision as: __ satisfactory __ unsatisfactory during the period of supervision.

I declare under penalty of perjury under the laws of the State of South Dakota that all the foregoing is true and correct.

Name (Print or Type) _______________ _
Title ____________________ _
Signature __________________ _
State of _______________ _
County of _______________ SS

The Supervisor _____________________ being duly sworn,
declares that he or she is the person who is referred to in the foregoing certification and that the information supplied therein is true to the best of his or her knowledge.

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Notary Public)

Date _______________ _

My commission Expires: _______________ _

(SEAL) State of _______________ _
To be completed by Primary Supervisor. PLEASE PRINT OR TYPE. Pay particular attention to the time periods of the supervised professional experience when answering questions.

### SECTION I.

<table>
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<th>NAME</th>
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#### INSTRUCTIONS FOR SUPERVISOR:

Please complete this form and return directly to the South Dakota Board of Social Work Examiners. Please note that the law states that a person in private, independent practice must have had two years experience under appropriate supervision in the field of specialization in which the applicant will practice. The supervisor must be a person who has experience in and is active in the field of specialization in which a person applying for a license as a certified social worker in private, independent licensure has practiced or is practicing as per SDCL 36-26-17. The supervisor should have had responsibility for the direct performance of the applicant, and should have provided at least four hours per month of contact in evaluating his/her performance.

#### PRIMARY SUPERVISOR:

- **Name**: 
- **Mailing Address**: 
- **Telephone No.**: 
- **Email Address**: 
- **Fax No.**: 
- **Degree**: 
- **License No.**: 
- **License Type**: 
- **Jurisdiction (State or Province)**: 
- **Your State Board Address and Telephone Number**: 

Were you licensed in another state during this supervision period? If so, complete the following:

- **State**: 
- **License Type/No.**: 
- **Issue Date**: 
- **Jurisdiction (State or Province)**: 

The nature of supervision was:

- Individual
- Group
- Peer
- Other

#### DATE OF SUPERVISION: **SECTION II.**

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<tr>
<th>SUPERVISEE</th>
<th>SUM OF TOTAL HOURS SUPERVISION PER MONTH</th>
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DUTIES: Describe below, in detail, the social work duties included in the supervised professional experience being verified on

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- 
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State of South Dakota Board of Social Work Examiners and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this_________day of__________, 20______.

(Applicant's signature)

State of______________

County of______________

On this_________day of__________, 20______, before me, the undersigned officer, personally appeared to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

My commission Expires:__________

Notary Public

State of South Dakota