South Dakota Board of Addiction and Prevention Professionals
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South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

ATTACHMENT 1: Proposed Supervisor for Plan of Supervision

To be completed and submitted by the proposed supervisor. No supervised work experience hours can accrue until a completed application is approved for the applicant.

☐ Trainee
☐ Addiction Counselor
☐ Prevention Specialist
☐ Peer Support
☐ Licensed Addiction Counselor

PROPOSED INDIVIDUAL INFORMATION

Applicant Name: _____ Type of Plan:

Name of Agency: _____

Address: _____City: _____ State: _____Zip: _____

PROPOSED SUPERVISOR INFORMATION

Supervisor Name: _____

Address: _____City: _____ State: _____Zip: _____

E-mail: _____ Phone: _____

License Type: ☐ CAC ☐ LAC ☐ CPS ☐ PSS ☐ LPC ☐ LPC-MH ☐ LMFT ☐ CSW-PIP ☐ Psychologist ☐ Psychiatrist

SD Certificate/License Number: _____ Certificate/License Issue date: _____

ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES

Please acknowledge the following statements by marking the appropriate answer to each statement.

1) ☐ Yes ☐ No I agree to serve as a Supervisor for the proposed applicant.
2) ☐ Yes ☐ No I acknowledge the Supervisor duties and requirements that I must follow, including the required hours of supervision as outlined by South Dakota administrative rules.
3) ☐ Yes ☐ No I will follow the NAADAC/NCC AP Code of Ethics as a Supervisor.
4) ☐ Yes ☐ No I agree to notify the Board, in writing, of the completion or termination of a plan of supervision within **14 days** of the completion or termination of the supervision.
5) ☐ Yes ☐ No I acknowledge the supervisee must be at the same agency as the supervisor per ARSD 20:80:18:08

I attest to the fact the information I have provided above is true and accurate; that if approved, I am responsible for this applicant's supervised work experience as documented on this Attachment 1, and compliant with the South Dakota codified laws and administrative rules.

Supervisor's Signature: _____ Date:_____