To be completed and submitted directly to the Board by each Supervisor.
bapp@midwestsolutionssd.com

Attachment A – Supervisor Evaluation

The trainee named below is applying for certification/licensure to practice addictions counseling in the State of South Dakota. The South Dakota Board of Addiction and Prevention Professionals requires submission of information by the ACT supervisor or accredited agency, to verify the candidate's supervised work experience.

TRAINEE INFORMATION

Trainee Name: _____ Agency: _____

ACT SUPERVISOR INFORMATION

Name of ACT Supervisor:_____ ☐ LAC ☐ CAC

As required by South Dakota Law and Administrative Rules, I attest to the following statements:

I attest to the fact the above Supervisee completed the minimum number of hours of work experience as prescribed in the administrative rules. Supervisor's Initials _____

I attest that one hour of supervision took place for every 10 hours of work experience by the Supervisee. Supervisor's Initials _____

I attest to the fact that at least 10 hours of each of the required supervision methods took place during supervision. Supervisor's Initials _____

Screening:	_____ Hours	Case Management	_____ Hours
Intake:	_____ Hours	Crisis Intervention	_____ Hours
Orientation	_____ Hours	Client Education	_____ Hours
Assessment	_____ Hours	Referral	_____ Hours
Treatment Planning	_____ Hours	Reports & Record Keeping	_____ Hours
Counseling	_____ Hours	Consultation	_____ Hours

I attest I held an active license during the entirety of this supervision period. Supervisor's Initials _____

Attachment A – Continued

Trainee Name: _____

Accredited Agency Location: _____

Tracking Form Summary

Dates of ACT Supervision by this supervisor — Start (mm/dd/yy) * _____

End (mm/dd/yy) _____

Work Experience

Number of Work Experience hours acquired by electronic means: _____

Number of Work Experience hours acquired in person: _____

Total number of Work Experience hours supervised during this period: 0

Supervision Hours*

Total number of supervision hours acquired: _____

Total number of supervision hours: 0

"I attest to the fact these hours are true and accurate." **Supervisor's Initials** _____

*If a supervisee is pursing certification/licensure no more than 50 percent of the required supervision hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

I attest to the fact the information I have provided above is true and accurate; that I was responsible for this applicant's supervision as documented on this Attachment XX, supervision took place within the requirements of South Dakota laws and administrative rules and that we were compliant with the South Dakota laws and administrative rules.

_____ _____

Supervisor's Signature Date

Scan and send completed form to bapp@midwestsolutionssd.com.