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 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 PST supervisor or accredited agency, to verify the candidate's supervised work experience.

TRAINEE INFORMATION

Trainee Name: _____ Agency: _____

PST SUPERVISOR INFORMATION

Name of PST Supervisor:_____ ☐ LAC ☐ CAC ☐ CPS

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 50 hours of each of the required supervision methods in the main domains took place during supervision. Supervisor's Initials _____

Planning and Evaluation:	_____ Hours
Prevention Education & Service Delivery:	_____ Hours
Communication:	_____ Hours
Community Organization:	_____ Hours
Public Policy & Environmental Change:	_____ Hours
Professional Growth & Responsibility	_____ 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 PST 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.