SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

# SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

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## ADDICTION COUNSELOR TRAINEE

**Supervision and Work Experience Tracking Form**

**Applicant Name:** _____

**Certificate Number:** _____ **Agency:** _____

**Supervisor (one supervisor per tracking form):** _____ CAC ☐ LAC ☐

**Required: Documentation of a minimum of 300 hours of supervised practical training in the 12 Core Functions, with a minimum of 10 hours in each core function.**

Required Supervision

**Supervision must include a minimum of one hour of supervision for every 10 hours of client contact.** The methods that may be used are intensive case review and discussion utilizing direct observation of a practitioner in action via videotape, direct live observation of sessions, co-counseling, process recordings, simulations, role playing, direct or indirect observation of clinical practice via case presentations, verbatim case reviews, quality care reviews, and other methods consistent with providing supervisory services.

Supervision must be face-to-face whenever possible. **No more than 50 percent** of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Supervision of an ACT

The supervision of an ACT by a CAC or LAC must include a minimum of eight contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required. The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A trainee may not be supervised by a relative.

**Twelve Core Functions:**

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling
7. Case Management
8. Crisis Intervention
9. Client Education
10. Referral
11. Reports & Record Keeping
12. Consultation

**ORIGINAL TRACKING FORMS MUST BE SUBMITTED WITH YOUR TESTING APPLICATION**

TRAINEE – SUPERVISION TRACKING FORM

**Applicant Name:**_____

| Work Experience/ Supervision Dates | Services Provided | Number of Work Experience Hours In-person | Number of Work Experience Hours Electronic | Supervision Hours | Supervision Type | 12 Core Functions Type (1-12) |
|---|---|---|---|---|---|---|
| *List work experience date* | *Provide a brief explanation of the methods that were provided* | *8,000 – HS 6,000 – Associates 4,000- Bachelor's 2,000- Master's Minimum* | | *1 hour per 10 hours of Work Experience* | *Individual or Electronic* | *What Type(s) of Core Function was used? List (1)-(12)* |
| *10/8/2020* | *Description here.* | *15* | *5* | *1* | *Individual* | *1* |
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TRAINEE – SUPERVISION TRACKING FORM

**APPLICANT NAME:**_____

| **Work Experience/ Supervision Dates** | **Services Provided** | **Number of Work Experience Hours In-person** | **Number of Work Experience Hours Electronic** | **Supervision Hours** | **Supervision Type** | **12 Core Functions Type (1-12)** |
|---|---|---|---|---|---|---|
| ***List supervision date*** | ***Provide a brief explanation of the services that were provided*** | ***See above for minimum*** | | ***1 hour per 10 hours of Work Experience*** | ***Individual or Electronic*** | ***What Supervision Method was used? List (1)-(12)*** |
| ***10/8/2020*** | ***Description here.*** | ***15*** | ***5*** | ***1*** | ***Individual*** | ***1*** |
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TRAINEE – SUPERVISION TRACKING FORM

**APPLICANT NAME:**_____

| Work Experience/ Supervision Dates | Services Provided | Number of Work Experience Hours In-person | Number of Work Experience Hours Electronic | Supervision Hours | Supervision Type | 12 Core Functions Type (1-12) |
|---|---|---|---|---|---|---|
| *List supervision date* | *Provide a brief explanation of the services that were provided* | *See above for minimum* | | *1 hour per 10 hours of Work Experience* | *Individual or Electronic* | *What Supervision Method was used? List (1)-(12)* |
| *10/8/2020* | *Description here.* | *15* | *5* | *1* | *Individual* | *1* |
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TRAINEE – SUPERVISION TRACKING FORM

**APPLICANT NAME:**_____

| **Work Experience/ Supervision Dates** | **Services Provided** | **Number of Work Experience Hours In-person** | **Number of Work Experience Hours Electronic** | **Supervision Hours** | **Supervision Type** | **12 Core Functions Type (1-12)** |
|---|---|---|---|---|---|---|
| ***List supervision date*** | ***Provide a brief explanation of the services that were provided*** | ***See above for minimum*** | | ***1 hour per 10 hours of Work Experience*** | ***Individual or Electronic*** | ***What Supervision Method was used? List (1)-(12)*** |
| ***10/8/2020*** | ***Description here.*** | ***15*** | ***5*** | ***1*** | ***Individual*** | ***1*** |
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| | **HOUR TOTALS** | Work Experience In-Person | Work Experience Electronic | Supervision total | | |
|---|---|---|---|---|---|---|
| | | 0 | 0 | 0 | | |

**Work Experience Hours:** 0 (in-person) + 0 (electronic)= 0

**Supervision Hours Total:** 0

**Method totals:**

| | | |
|---|---|---|
| _____ (1) Screening; | _____ (5) Treatment Planning; | _____ (9) Client Education; |
| _____ (2) Intake; | _____ (6) Counseling; | _____ (10) Referral; |
| _____ (3) Orientation; | _____ (7) Case Management; | _____ (11) Reports & Record Keeping; |
| _____ (4) Assessment; | _____ (8) Crisis Intervention; | _____ (12) Consultation |

Please note: These method totals should match the method totals from all Attachment A's received from Supervisors

*I declare and affirm under the penalties of perjury that this Trainee Tracking Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that misstatement of material fact may result in denial of my application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.*

Trainee Signature Date

Supervisor Signature Date