SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

# SOUTH DAKOTA BOARD OF ADDICTION AND PREVENTION PROFESSIONALS

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501
Tel: 605.224.1721 Email: sdbce@midwestsolutionssd.com
Website: https://dss.sd.gov/licensingboards/counselors/counselors.aspx

## PREVENTION SPECIALIST TRAINEE

**Supervision and Work Experience Tracking Form**

**Applicant Name:** _____

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

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

**Required: Documentation of a minimum of 750 hours of supervised practical training in the 6 Domains, with a minimum of 50 hours in each domain.**

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 a PST

The supervision of a PST by a CPS (or CAC/LAC if CPS is unavailable) 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.

**Six Domains:**

1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public Policy and Environmental Change
6. Professional Growth and Responsibility

**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 | 6 Domain Types (1-6) |
|---|---|---|---|---|---|---|
| *List work experience date* | *Provide a brief explanation of the methods that were provided* | *2,000 Minimum* | | *1 hour per 10 hours of Work Experience* | *Individual or Electronic* | *What Supervision Method was used? List (1)-(6)* |
| *10/8/2023* | *Description here.* | *15* | *5* | *1* | *Individual* | *4* |
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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** | **6 Domain Types (1-6)** |
|---|---|---|---|---|---|---|
| ***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)*** |
| ***10/8/2023*** | ***Description here.*** | ***15*** | ***5*** | ***1*** | ***Individual*** | ***4*** |
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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 | 6 Domain Types (1-6) |
|---|---|---|---|---|---|---|
| ***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)-(6)*** |
| ***10/8/2023*** | ***Description here.*** | ***15*** | ***5*** | ***1*** | ***Individual*** | ***4*** |
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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 | 6 Domain Types (1-6) |
|---|---|---|---|---|---|---|
| ***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)-(6)*** |
| ***10/8/2023*** | ***Description here.*** | ***15*** | ***5*** | ***1*** | ***Individual*** | ***4*** |
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| | **HOUR TOTALS** | Work Experience In-Person<br>0 | Work Experience Electronic<br>0 | Supervision total<br>0 | | |

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

**Method totals:**

_____ (1) Planning and Evaluation;
_____ (2) Prevention Education and Service Delivery;
_____ (3) Communication;
_____ (4) Community Organization;
____ (5) Public Policy and Environmental Change;
____ (6) Professional Growth and Responsibility

*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