SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

SOUTH DAKOTA BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS

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Website: dss.sd.gov/licensingboards/counselors/counselors.aspx

ATTACHMENT 1: Proposed Supervisor for Plan of Supervision Application

To be completed and submitted by the proposed Supervisor. No supervision hours can accrue until a completed Plan of Supervision application is approved for the Supervisee.

PROPOSED SUPERVISEE INFORMATION

Supervisee Name:_____Type of Plan of Supervision: ☐ LPC ☐ LPC-MH ☐ LMFT

Name of Business/Practice_____ Phone:_____

Address:_____City:_____ State:_____Zip:_____

PROPOSED SUPERVISOR INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

SD License Number: _____ License Issue date: _____

License type: ☐ LPC ☐ LPC-MH ☐ LMFT ☐ CSW-PIP ☐ Psychologist ☐ Psychiatrist

ACKNOWLEDGEMENT OF SUPERVISOR RESPONSIBILITIES

Acknowledge the following statements by marking the appropriate answer to each statement.

1) ☐ Yes ☐ No I agree to serve as a Board Approved Supervisor for the proposed Supervisee.
2) ☐ Yes ☐ No I am a current Board Approved Supervisor with the Board.
3) ☐ Yes ☐ No I acknowledge the Supervisor duties and requirements that I must follow, including the required four methods of supervision for LPC and LMFT Plans of Supervision as outlined by South Dakota administrative rules.
4) ☐ Yes ☐ No I will follow the ACA/AAMFT Code of Ethics as a Supervisor.
5) ☐ Yes ☐ No I ensure the practice setting/location is appropriate for the proposed Supervisee.
6) ☐ Yes ☐ No I agree to notify the Board, in writing, of the completion or termination of an approved post graduate plan of supervision within **14 days** of the completion or termination of the plan.

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 supervision as documented on this Attachment 1, and compliant with the South Dakota laws and administrative rules.

_____ _____

Supervisor's Signature Date

Scan and send completed form to sdbce@midwestsolutionssd.com or mail to address above.