CONTRACT FOR SUPERVISION TO MEET CSW-PIP LICENSURE

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS
810 North Main Street #298
Spearfish, SD 57783
605-642-1600

For Board Use Only

Received _____ **Board Reviewed _____**

Approved _____Yes _____No **Date Approved to Begin _____**

Supervisor Original SD Licensure Date: _____
Has the supervisor been licensed in SD for 2 years? _____
Supervisor Training Certificate Date: _____
# of CE Hours: _____
If less than 6, did supervisor previously submit 6 hours? _____

Important update: Pursuant to ARSD 20:59:05:03 to meet the supervisor requirements, you must complete six hours of supervisor continuing education before submitting a proposed supervision agreement, and complete three hours of supervisor continuing education every two years once the supervisor begins supervision of any candidate. *All contracts received after January 1, 2025, must include proof of meeting this requirement by providing the supervisor training certificate, or it will be considered incomplete.

If your contract is approved, it will begin on the date it was received in this office or the beginning date of supervision if it is a later date. You must mail the original form to the Board office. Please contact the board office 7 days after mailing to guarantee receipt of your contract. A Supervisor is required to be licensed as a CSW-PIP, Psychiatrist, or Psychologist in South Dakota and must meet the requirements in ARSD 20:59:05:03.

*Please do **not** print this form double sided*

Section I – To Be Completed by CSW-PIP Candidate

CSW-PIP Applicant's Name:_____
(Last) (First) (M.I.) (Maiden)

Home Address: _____
(Mailing Address) (City) (State) (Zip)

CSW-PIP Applicant Phone Number: (_____)_____Email Address:_____

Place of Employment: _____

Employment Address: _____
(Mailing Address) (City) (State) (Zip)

My Position: _____

I am:

☐ Starting my initial Supervision
☐ Adding to my existing list of Supervisors
☐ Terminating relationship with my supervisor _____due to the following reason:

_____
_____
_____

Section II – To Be Completed by Supervisor

Supervisor's Name: _____
(Last) (First) (M.I.)

Place of Employment: _____

Business Address:_____
(Mailing Address) (City) (State) (Zip)

Business Phone #: (_____)_____

Supervisor's License No.: _____

Licensed As: _____

Date Supervisor Continuing Education Completed: _____ (please include copy of Certificate of Completion)

Supervisor Title: _____ Degree: _____

Inclusive list of all CSW-PIP candidates that you are currently supervising. This must be included or will be considered incomplete and will not be considered for review. (include the candidate/CSW's name below):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Areas of Competence for which you have training, education and experience:

☐ Clinical Social Work ☐ Diagnosis and Treatment of Mental and Emotional Disorders ☐ Individual, Group and Family Counseling

☐ Crisis Intervention ☐ Organizational Planning and Development ☐ Community Organization

☐ Other (explain below)

_____
_____

Beginning Date of Supervision: _____

Specify the focus and specialization of what you plan to cover during your supervision:

_____
_____
_____

Requirements of Supervision – Supervisor's please read and initial the following statements, certifying that you will abide by them.

Requirements for Supervision	Sup. Initials
1. I understand that to meet the requirements, I must supervise the CSW-PIP candidate for a minimum of one hour per week (4 hours per month). Part-time employment, see 20:59:05:07.	
2. I understand that to meet the requirements, I must complete six hours of supervisor continuing education before submitting a proposed supervision agreement, and complete three hours of supervisor continuing education every two years once the supervisor begins supervision of any candidate. 20:59:05:03	

Continued from page 2 3. I understand that group supervision is allowed if it does not exceed 50% of the total supervision time in each six-month period.	
4. I understand that I, as a licensee and the supervisor, as well as the CSW-PIP candidate, shall comply with the Code of Ethics of the National Association of Social Workers (NASW) as approved by the 1996 Delegate Assembly and revised by the NASW Delegate Assembly in 2020. 20:59:07:01	
5. I understand that I am to evaluate the CSW-PIP applicant's performance in a manner that is fair, considerate, and equitable based on clearly enunciated criteria that is shared with the CSW-PIP applicant.	
6. I understand that I am to complete written evaluations using the approved evaluation forms on the board website. I understand that I am to submit the completed evaluations to the board office every six months. Further, I understand I must save a copy for my personal records.	

Evaluation forms can be found on Board of Social Work website under applications and forms. Evaluation forms will need to be mailed to the Board office every six months until the end of the supervision period. **Please be sure that both the supervisee and the supervisor retain copies before mailing them to the board office**. In addition to the six-month evaluation forms, each supervisor must complete a "Completion or Termination of Supervision of a CSW-PIP Candidate" form upon completion or termination of supervision. It is agreed that if this contract is terminated by either party both parties will notify the board. The supervisor will promptly complete the evaluation forms and will submit them to the board. The undersigned agree to adhere to the guidelines on supervision as outlined in Article 20:59:05.

When a CSW-PIP applicant is finished with their supervision, they must apply for their CSW-PIP license by making application and ensuring all supervision forms have been received by the board office. The CSW-PIP candidate will not be approved to take their clinical exam until an application has been made and approved and all supervision forms reviewed and approved by the board elected review officer.

We, the undersigned, attest to the fact that the CSW-PIP candidate will not be engaged in the private practice of social work until duly licensed as a CSW-PIP by the South Dakota Board of Social Work Examiners.

I have read and I understand that it is my responsibility to comply with Chapter 20:59:05 of South Dakota Administrative Rules regarding supervision of CSW-PIP candidates.

I declare and affirm under the penalties of perjury that this contract has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

CSW-PIP Applicant Name: _____ Supervisor's Name: _____
(Print) (Print)

CSW-PIP Applicant's Signature: _____ Supervisor's Signature: _____

Date: _____ Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

20:59:05:03. Qualifications of supervisor of a certified social worker in private, independent practice candidate. The supervisor of a certified social worker in private, independent practice (CSW-PIP) candidate must:

(1) Be a CSW-PIP, psychologist, or psychiatrist licensed in good standing in South Dakota for at least two years;

(2) Complete six hours of supervisor continuing education before submitting a proposed supervision agreement; and

(3) Complete three hours of supervisor continuing education every two years once the supervisor begins supervision of any candidate.

A supervisor may only supervise a CSW-PIP candidate upon the board finding that adequate supervision will exist under the proposed supervision agreement. A holder of a temporary permit or license may not supervise a CSW-PIP candidate.

Source: 26 SDR 81, effective December 12, 1999; 29 SDR 92, effective December 24, 2002; 51 SDR 52, effective November 11, 2024.

General Authority: SDCL 36-26-29.

Law Implemented: SDCL 36-26-17(2).