

Behavioral Sciences Regulatory Board
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Laura Kelly, Governor

Training Plan Amendment – New/Additional Supervisor Clinical Psychotherapist

This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.

Return the training plan to the BSRB by postal mail to the address above or by email to bsrb@ks.gov Do not submit the training plan by fax.

1. Information regarding supervisee: (To be completed by supervisee)

Name _____ LMLP Number _____

Home Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Site _____

Work Site address _____

Is this your previously approved worksite for your clinical training plan? Yes _____ No _____

If "NO," you will also need to complete the Training Plan Amendment form for a new work site.

Please specify whether this is a new (this will be your only) or an additional supervisor _____

Date to begin supervision: _____

Name of previously approved supervisor _____

End date, if applicable, with previous supervisor: _____

2. Information regarding new supervisor: [To be completed by Supervisor(s)]

Name _____

Address _____

Phone _____ Email _____

KS License type and Number _____ State _____

Initial issue date of license _____ Expiration date _____

Have you practiced as a clinical psychotherapist for a minimum of two years beyond the date of clinical licensure? (Licensed Psychologist may skip this question) Yes _____ No _____

If your answer is "No," you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____
If your answer is "Yes," please explain fully in an attached, signed statement.

3. Information regarding the supervisory relationship: [To be completed by Supervisor(s)]

Please read K.A.R. 102-4-7a(c) before answering the following questions.

1. Per K.A.R. 102-4-7(c)(1) - Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of masters level psychology? Yes _____ No _____

2. Do you have a dual relationship with the supervisee? Yes _____ No _____

3. Do you have knowledge of and experience with the supervisee's client population? Yes _____ No _____

4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____

5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If not, please answer A - E:

A. Do you have a sound understanding of the practice setting's missions, policies, and procedures? Yes _____ No _____

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____

E. Does the supervisor maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of master's level psychology by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or masters level psychology consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

