

Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929
David B. Fye, JD, Executive Director



Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov
Laura Kelly, Governor

Training Plan Amendment – New/Additional Supervisor Professional Counselors

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 amendment by fax.

1. Information regarding supervisee:

Name _____ LPC Number _____

Home Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Agency _____

Work Agency Address _____

Is this a 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 worksite.

Is this a new (the only supervisor) 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: [Completed by supervisor(s)]

Name _____

Are you a BSRB Board approved LCPC supervisor? Yes _____ No _____ (If no, you are not eligible to provide clinical supervision).

Address _____ work or home

Phone _____ Email _____

KS License type and Number _____ Issue date _____ Expiration Date _____

Are you currently, or have you previously been clinically licensed in a state other than Kansas? Yes _____ No _____

If yes, licensed type: _____ state: _____ Is license current? Yes _____ No _____

License number _____ Original issue date: _____ Expiration date: _____

Does this license authorize the supervisor to practice independently? Yes _____ No _____

Have you practiced clinical professional counseling for a minimum of two years beyond the date your clinical license was issued? Yes _____ No _____

If you answered "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 you answered "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. 102-3-7a before answering the following questions.

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical professional counseling? 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 – D:

A. Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, and role in personnel evaluation within the practice setting? Yes _____ No _____

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

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

D. Do you 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 clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

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

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

- D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____
- E. Provide supervision in accordance with the clinical supervision training plan? Yes _____ No _____
- F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____ No _____
- G. Provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience? Yes _____ No _____
- H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____
- I. Ensure that each client knows that the supervisee is practicing clinical professional counseling under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

9. Have you read the supervisee's previously approved training plan? Yes _____ No _____

10. Do you agree to provide supervision in accordance with the supervisee's previously approved training plan? Yes _____ No _____

IV. Supervisor and Supervisee Attestation

We, the undersigned supervisee, and supervisor, acknowledge that we have both read and agree to all aspects of this plan, and have read and understand the post graduate supervised work experience requirements set forth in regulations. We attest, to the best of our knowledge, that the original training plan and this amendment meets the training requirements as outlined in statute and regulation, including the requirements for the provision of psychotherapy and assessment as well as the required supervision. We also attest that the previously submitted information constitutes an accurate and honest description of the duties to be performed by the supervisee.

Additionally, the supervisee hereby gives consent to the supervisor to discuss supervision or performance issues with the supervisee's clients, other professionals in the practice setting, the Board, and any other individual to whom either is professionally accountable.

Signature of Supervisor Date

Signature of Supervisee Date

You should receive a written response regarding your clinical training plan from the Board office within 30 days. If you have not received a response within 30 days from submission, please contact the Board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at: ksbsrb.ks.gov