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## Training Plan Amendment – New/Additional Supervisor Addiction Counseling

**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.**

### **I. Information regarding supervisee:**

Name \_\_\_\_\_ LAC/LMAC Number \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Work Agency \_\_\_\_\_

Work Agency Address \_\_\_\_\_

Is this a previously approved work site 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.

Is this is a new supervisor or an additional supervisor? \_\_\_\_\_

Date to begin supervision: \_\_\_\_\_

Name of previously approved supervisor: \_\_\_\_\_

End date, if applicable, with previous supervisor: \_\_\_\_\_

### **II. Information regarding supervisor: [Completed by supervisor(s)]**

Name \_\_\_\_\_ Email \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Kansas Clinical License Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you currently, or have you previously been licensed as an addiction counselor in a state other than Kansas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state: \_\_\_\_\_ Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_ Original Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you practiced in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of Addiction Counselor clinical licensure? 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.***

**III. Information regarding the supervisory relationship: [Completed by supervisor(s)]**

**Please read K.A.R. 102-7-6 before answering the following questions.**

A. Are you aware, as a clinical supervisor of a licensee who is seeking clinical licensure, that you have full or in part, professional responsibility for the supervisee's practice of clinical addiction counseling services? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you accept as a clinical supervisor of a licensee who is seeking clinical licensure, in full or in part, professional responsibility for the supervisee's practice of clinical addiction counseling or delivery of addiction counseling services? 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 your answer is no, please answer the following five questions:**

A. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is the extent of your role in personnel evaluation within the practice setting clearly defined? Yes \_\_\_\_\_ No \_\_\_\_\_

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

D. Is the supervisee paying you directly for supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

E. 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 addiction counseling by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_

- B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or addiction 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 a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee. Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Ensure that the each client knows that the supervisee is practicing addiction 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 amendment 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: [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)**