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Training Plan Amendment – New/Additional Work Site Marriage and Family Therapist

This form should only be used if you have an approved training plan on file with the BSRB and you have changed employment or are adding an additional work site.

I. Information regarding supervisee:

Name _____ LMFT Number _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

(Optional)

Email _____

II. Information regarding the new/additional employment site:

Name of Agency and address where the supervisee will be participating in the supervised work experience.

Agency _____

Address _____

City, State, Zip _____ Phone _____

Title of supervisee's position in this supervised setting? _____

III. Information regarding supervisor:

A. Name of your clinical supervisor: _____

B. Is this your previously approved supervisor for your clinical training plan? Yes _____ No _____

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

IV. Information regarding the new/additional employment setting:

A. Please specify whether this is a new work site or an additional work site? _____

B. End date of employment from previously approved training plan: _____

C. Date new/additional employment began: _____

D. Please submit a copy of the supervisee's new official position description with this amendment.

