

**SAM BROWNBACK**  
Governor

**MAX L. FOSTER, Jr.**  
Executive Director



700 S.W. Harrison St. Ste 420  
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## **INSTRUCTIONS FOR BECOMING AN APPROVED SUPERVISOR**

On and after July 1, 2017 any Licensed Clinical Professional Counselor (LCPC) who is providing postgraduate clinical supervision to a Licensed Professional Counselor (LPC) working under a pre-approved clinical training plan must be a board-approved clinical supervisor.

The requirements to become a board-approved clinical supervisor are found in K.S.A. 65-5818

- 1) Is currently licensed as a clinical professional counselor and has practiced as a clinical professional counselor for two years beyond the supervisor's licensure date
- 2) Does not have any disciplinary action that would prohibit providing clinical supervision
- 3) Has completed the minimum number of semester hours of coursework related to the enhancement of supervision skills approved by the board, or
- 4) Has completed the minimum number of continuing education hours related to the enhancement of supervision skills approved by the board

The training requirements are found in K.A.R. 102-3-7b. This training shall include either 15 hours of continuing education in supervision taken within the last six years or one semester credit hour of a graduate-level course on supervision or the academic equivalent at an accredited college or university approved by the board, each of which shall cover the following material:

- 1) Roles in and functions of clinical supervision
- 2) models of clinical supervision
- 3) mental health-related professional development
- 4) methods and techniques in clinical supervision
- 5) supervisory relationship issues
- 6) cultural issues in clinical supervision
- 7) group supervision
- 8) legal and ethical issues in clinical supervision
- 9) evaluation of supervisee competence and the supervision process

### **Application Instructions**

- 1) Type or print your responses in black ink.
- 2) If you have completed the 15 hours of continuing education, you must submit the original certificate of attendance (no copies) and the agenda from the supervisor training workshop with your application.
- 3) If you have taken one credit hour of a graduate level course on supervision or the academic equivalent, you must submit your transcript (no copies) as verification this course has been completed. If the course is listed on the transcript in your licensure file, you are not required to submit a new transcript.

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## APPLICATION FOR LCPC BOARD-APPROVED CLINICAL SUPERVISOR

### I. Identifying information: (Please type or print clearly in ink)

Legal Name: \_\_\_\_\_  
Last First Middle

Maiden/Other names used: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_ Preferred Mailing: Home \_\_\_ Business \_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

### II. Supervisor Training Information (Please mark yes or no)

- A.** Have you completed 15 hours of continuing education on supervisor training?  
**Yes No** If "yes", please include the certificate of attendance and the agenda for the training(s) with your application. Please remember the continuing education must have completed within the last six years.
- B.** Did you complete one credit hour of a graduate-level course in supervision?  
**Yes No** If "yes", please include the transcript showing completion of the course with your application unless the transcript is already on file with the BSRB.

### III. Supervisor Training Content Requirements: (Please mark yes or no)

All of the content areas below must be covered in the supervisor training.

- A. Roles and functions of clinical supervision** includes training that provides an outline of accepted roles and functions that a supervisor provides to their supervisee (ex. mentor, teacher, consultant and advisor).

Was this topic covered in your training: Yes No

**B. Models of Clinical Supervision** includes training that provides exposure to the different developmentally sensitive theories of clinical supervision, including supervision models that are grounded in psychotherapy theory.

*Was this topic covered in your training: Yes No*

**C. Mental Health and Related Professional Development:** includes training that covers the supervisor's role in identifying the mental health of supervisees and how to address this in supervision.

*Was this topic covered in your training: Yes No*

**D. Methods and Techniques in Clinical Supervision:** includes training that covers a variety of accepted supervision methods, forms, and techniques.

*Was this topic covered in your training: Yes No*

**E. Supervisory Relationship Issues:** includes training that covers the influence of individual and developmental differences that impact the supervision relationship.

*Was this topic covered in your training: Yes No*

**F. Cultural Issues in Clinical Supervision** includes training that uses multicultural constructs to cover issues of gender, race, and ethnic issues within multicultural supervision.

*Was this topic covered in your training: Yes No*

**G. Group Supervision** includes training that covers types of supervision groups, advantages and disadvantages of group supervision, along with tasks and strategies within group supervision.

*Was this topic covered in your training: Yes No*

**H. Legal and Ethical Issues in Clinical Supervision** includes training that covers specific legal and ethical issues that relate to the practice of group counseling.

*Was this topic covered in your training: Yes No*

**I. Evaluation of Supervisee Competence and the Supervision Process** includes training that covers the overall supervision process, outlining effective supervision planning and evaluation.

*Was this topic covered in your training: Yes No*

## **VI. Applicant's Attestation:**

**I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and board-approved supervisor status may be used to conduct research or program evaluation, provided the research does not personally identify me, directly or indirectly.**

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Signature Of Applicant

Date Of Application