

Jeff Colyer, M.D.  
Governor

Max L. Foster, Jr.  
Executive Director



700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
(785) 296-3240  
Fax: (785) 296-3112  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

## INSTRUCTIONS FOR FILING OF CLINICAL SUPERVISION TRAINING PLAN

To begin accruing hours and working toward the LSCSW you must submit a training plan for pre-approval to the Board.

The Board strongly recommends that you receive a broad based, varied work experience during your supervised postgraduate experience.

- There is no fee to file a Clinical Supervision Training Plan.
- The Clinical Supervision Training Plan needs to be completed by you and your supervisor(s).
- You and your supervisor(s) need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-2-8(d) and 102-2-12 for supervision requirements and clinical licensure requirements. The regulations may be found on our website [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)
- Attach an official job description with your training plan. If your work site is a private practice you may write up your own.
- If you graduated with an MSW after July 1, 2003, you are required to complete the grid related to coursework. Per regulation, 15 hours of graduate level social work coursework related to diagnosis and treatment of mental disorders must be completed. **Graduates from the University of Kansas, Washburn University, Wichita State University, Newman University, University of Missouri Kansas City and Missouri State University are required to complete the coursework, but are not required to submit the grid because these schools have provided us with a list of coursework that meets the education requirements.**
- If you intend to use videoconferencing for a portion of your supervision you must provide written verification of the technological security measure implemented to protect confidentiality.
- You must receive approval, in writing, from the Board before you may begin counting supervision hours.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the Board office.
- Once the training plan has been approved you must notify the Board with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time will not be counted.
- All supervised clinical experience requirements must be completed in not less than two years and no more than six years. If you have not completed the supervision requirements within the six year maximum, your accrued hours will begin to drop off month by month.
- Once all the supervision requirements have been completed you may apply for the LSCSW and take the exam at any time. You are not required to apply for the LSCSW or take the exam within a specified amount of time.

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## Clinical Supervision Training Plan Social Work

Please answer **ALL** questions. The form needs to be filled out completely and legibly.  
The supervisee shall complete sections I and II.  
The supervisor(s) shall complete sections III and IV.  
The supervisee together with the supervisor(s) shall complete sections V and VI.

### **I. Information regarding supervisee: [Completed by supervisee]**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Optional)  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Social Work Degree & Track \_\_\_\_\_ University \_\_\_\_\_  
Month and Year Masters of Social Work degree was granted \_\_\_\_\_  
Total number of hours completed in your master's degree **clinical** practicum \_\_\_\_\_  
How many, or what percentage, of the above listed practicum hours were direct client contact? \_\_\_\_\_  
LMSW number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

### **II. Information regarding the Supervisee's work site: [Completed by supervisee]**

*Section II must be completed for each work site where you will be accruing hours toward the LSCSW*

Work site and address where you will be accruing hours toward the LSCSW.

Agency/work site \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Title in this supervised setting \_\_\_\_\_

**Attach an official position description for each work site**

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

Each clinical supervisor with whom you will be accruing hours towards the LCSWSW must complete sections III, IV, & V.

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

Agency \_\_\_\_\_

Address \_\_\_\_\_

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

Kansas LCSWSW Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you currently, or have you previously been licensed as a clinical social worker 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 clinical social work 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, fully explain in an attached, signed statement.**

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

**Please read K.A.R. 102-2-8(d) prior to answering the following questions.**

**1. Per K.A.R. 102-2-8(d)(3)(B) –**

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 social work or delivery of social work 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 social work or delivery of social work 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 understand 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 social work by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or social work 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 each client knows that the supervisee is practicing social work 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. Will the supervisee be involved in the process of diagnosing clients? Yes\_\_\_\_\_ No\_\_\_\_\_

**\*\* If your answer is yes, describe how. \*\***

10. Will the supervisee, under your supervision, be providing psychotherapy to the clients? Yes\_\_\_\_\_ No\_\_\_\_\_

**\*\* If your answer is yes, describe how. \*\***

**V. Supervisor’s and Supervisee’s 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 this plan 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 foregoing 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, or any other individual to whom either is professionally accountable.

\_\_\_\_\_  
Signature of Supervisee                      Date

\_\_\_\_\_  
Signature of Supervisor                      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: [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)**

**VI. Information regarding Supervision Training Plan: [Completed by supervisee and supervisor(s) together]**

***Please provide answers to questions 1 through 19 on a separate sheet of paper:***

1. Describe the clinical practicum completed while in your masters of social work program. [KAR 102-2-12 (a)(2)(A)(B)(C)(D) & KAR 102-2-12 (b)(A)(B)]
2. Will you be using the DSM IV or V in diagnosing clients? [KAR 102-2-12 (c)(4)]
3. Please list some specific diagnoses you expect to treat.
4. What are the anticipated types of clients to whom you will be providing services? [KAR 102-2-8 (d)(6)(B)]
5. What services will you be providing to clients?
6. What are some theories of psychotherapy you plan to use in treating clients?
7. What dates are expected to be covered with the Supervision Training Plan? [KAR 102-2-8 (d)(6)(K)] ***(Training plan must be approved by the Board before post graduate hours may be accrued.)***
8. What is the process of termination of the supervisory relationship by either party should that be necessary? [KAR 102-2-8 (d)(6)(K)]
9. Review the definition of clinical social work below (KAR 102-2-1a (e)) list your clinical supervision goals and briefly describe how you will attain those goals. You may include additional goals if you wish but you must provide goals based upon numbers 1 – 7.

(e) "Clinical social work practice" means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

- (1) Assessment;
- (2) diagnosis;
- (3) treatment, including psychotherapy and counseling;
- (4) client-centered advocacy;
- (5) consultation;
- (6) evaluation; and
- (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

10. Outline your responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(F)]
11. Outline your supervisor's responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(E)]
12. How will you meet the requirement of 2000 hours of client contact, to include 1500 hours of psychotherapy and assessment and up to 500 hours of clinical social work services?
13. Answer the following questions regarding your supervision:
  - a. Describe the schedule for supervision. [KAR 102-2-8 (d)(6)(D)]
  - b. What is the required ratio of supervision to direct client contact? [KAR 102-2-8 (d)(5)(A)]
  - c. How many supervision hours must be individual? [KAR 102-2-12 (c)(4)]
  - d. Will you receive group supervision? If so, how many supervision hours will be done in group? Also, how many supervisees will be in the group? [KAR 102-2-8 (d)(5)(B)]
  - e. What is the total number of supervision hours required per regulation? [KAR 102-2-12 (c)(4)]
  - f. What is the total number of supervisory meetings required per regulation? [KAR 102-2-12 (c)(4)]
14. Describe how you and your supervisor will document your progress (to include date, length, method, content and format of each supervisory meeting) toward meeting the total required 4000 hours of supervised clinical experience, which includes the 2000 hours of client contact, consisting of at least 1500 hours of direct client contact providing diagnosis and psychotherapy and up to 500 hours of clinical social work practice services. [KAR 102-2-8 (d)(6)(H)]
15. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged. [KAR 102-2-8 (d)(5)(6)]
16. How will you notify the clients that you are practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for your supervisor. [KAR 102-2-8 (d)(6)(L)]

17. Describe the process for renegotiating this training plan if warranted. Additionally, how will you notify the Board of all changes, to include, but not limited to, a change of position within an approved work site or additional responsibilities added to an existing position at an approved work site. Within how many days of the change must the Board receive your notification? [KAR 102-2-8 (d)(6)(L) & KAR 102-2-8 (d)(7)]

18. Describe the process for remediating conflicts between yourself and your supervisor. [KAR 102-2-8 (d)(6)(J)]

19. Describe the contingency plans for missed supervision sessions, and supervision while your supervisor is unavailable. Should there be an emergency or crisis and your primary supervisor is unavailable, to ensure supervision is available at all times, provide the name of an emergency supervisor.

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed because you will not be accruing any supervision towards the LSCSW with this person.

A back up supervisor is someone with whom you would meet for supervision if your clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.

**Please note: Anyone whose name is provided in your answer to this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LSCSW unless he/she is approved by completing section III, IV and V of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LSCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.**

**Integrated Courses**  
**Partial hours for various courses apply toward the categories**  
**12 hours total with a minimum of at least one hour in each category**

<b>Diagnostic Assessment</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Interdisciplinary Referral and Collaboration</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Treatment Approaches</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Professional Ethics</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Psychopathology</b> <b>Discrete 3-hour Graduate Social Work (This must be a single course, cannot be multiple courses)</b>  Course Title & Credit hrs							<i>Total must be at least 15 graduate social work hours</i>	<b>Total</b>

All courses must be graduate level social work. Practicum courses cannot be used to meet the 15 hours of coursework.

**\*\* Total of hours claimed from any specified course cannot exceed credit hours transcribed for that course.**

**A = Most** to all of the course covers this content area

**B = Approximately** half of the course covers this content area

**C = Some** of the course covers this content area

*Please see K.S.A. 65-6306 and K.A.R.102-2-12 to explain in more detail the 15-hour requirement.*

**If you received an MSW degree AFTER July 1, 2003, you are required to complete this grid, unless the school from which you graduated is listed in the exceptions on the instructions page.**