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Laura Kelly, Governor

## 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 \_\_\_\_\_

