Behavioral Sciences Regulatory Board 700 SW Harrison St. Suite 420 Topeka, KS 66603-3929



Phone: 785-296-3240 Fax: 785-296-3112 ksbsrb.ks.gov

Laura Kelly, Governor

David B. Fye, JD, Executive Director

1. Information regarding supervisee:

Training Plan Amendment – New/Additional Work Site Addiction Counseling

This form should only be used if you have an approved training plan on file with the BSRB and you have changed work sites, are adding an additional work site or you are notifying the Board of any change to an approved work site.

Return the amendment to the BSRB by postal mail to the address above or by email to bsrb@ks.gov Do not submit the training plan by fax.

Name	LAC/LMAC Number
Home Address	
City, State, Zip	
Home Phone	Cell Phone
Email	(Optional)
2. Information regarding the new/add	itional employment site:
A. Submit the supervisee's official position	description, for this work site, with the amendment.
B. Is this a new, additional, or change to a	previously approved work site?
C. If a change to a previously approved wor	k site, describe the change:
D. End date of employment from previously	/ approved training plan work site:
E. Date new/additional employment began:	
F. Name of Agency and address where the	supervisee will be accruing hours towards the LCAC:
Agency	····
Address	
City, State, Zip	Phone
Title of supervisee's position in this supervised s	setting
If yes, are you licensed in the state where the cli	Ily located outside Kansas? Yes Noient is located? Yes Noed in the state where the client is located? Yes No
G. Will the supervisee be involved in the pr	ocess of providing a diagnostic impression for clients? Yes No

H.	Will the supervisee, under the direction of the supervisor, be providing treatment to the clients? Yes No	
3.	Information regarding supervisor:	
	A. Name of your clinical supervisor:	
	B. Clinical supervisor contact info (email and phone)	
	C. Is this a 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.	
	Answer the following questions on a <u>separate</u> sheet of paper:	
1.	Will the supervisee be using the DSM-5 to create a diagnostic impression for clients?	
2.	Please list some specific diagnoses the supervisee is expected to treat.	
3.	What are the anticipated types of clients to whom the supervisee will be providing services?	
4.	What services will the supervisee be providing to clients?	
5.	 Describe the plan for notifying the clients that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the supervisor 	
6.	Please provide any additional changes on a separate sheet of paper.	
4. :	Supervisor's and Supervisee's Attestation	
asp wo pla for tha pe	e, the undersigned supervisee, and supervisor, acknowledge that we have both read and agree to all pects of this amended training plan, and have read and understand the post graduate supervised ork experience requirements set forth in regulations. We attest, to the best of our knowledge, that this in meets the training requirements as outlined in statute and regulation, including the requirements the provision of psychotherapy and assessment as well as the required supervision. We also attest at the forgoing information constitutes an accurate and honest description of the duties to be reformed by the supervisee. ditionally, the supervisee hereby gives consent to the supervisor to discuss supervision or	
pei	rformance issues with the supervisee's clients, other professionals in the practice setting, the Board, any other individual to whom either is professionally accountable.	
Si	ignature of Supervisor Date Signature of Supervisee Date	
off	u should receive a written response regarding your clinical training plan amendment from the Board ice within 30 days. If you have not received a response within 30 days from submission, please ntact the Board office.	

Attention supervisors, for additional information regarding clinical supervision, please see the website at: ksbsrb.ks.gov

Revised: 08/31/2023