

## INSTRUCTIONS FOR BECOMING AN APPROVED SUPERVISOR

Any Licensed Clinical Marriage and Family Therapist (LCMFT) who is providing postgraduate clinical supervision to a Licensed Marriage and Family Therapist (LMFT) 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. 65-5414

- 1) Is currently licensed as a Clinical Marriage and Family Therapist and has practiced as a clinical marriage and family therapist 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. 102-5-7b. This training shall include either 15 hours of continuing education (which includes 8 hours of providing supervision and 7 hours of continuing education in supervision training) 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.

The training required for the AAMFT approved supervisor designation covers all of the content areas required to meet the requirements for a BSRB board-approved clinical supervisor. The AAMFT approved supervisor designation is not required to become a Board-Approved Supervisor through BSRB.

### Application Instructions

- 1) Type or print your responses in black ink.
- 2) If you have completed the 15 hours of continuing education, you must also submit the following:
  - a. A letter from your supervisor, attesting to the 8 hours of supervision you completed.
  - b. A certificate of attendance for each continuing education training that you attended. Please include the agenda and the learning objectives from each supervisor training.
- 3) If you have taken one credit hour, or the academic equivalent, of a graduate-level course on supervision, 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.
- 4) If you have the AAMFT approved supervisor designation, include a copy of your AAMFT approved supervisor approval i.e. a letter, certificate, etc.

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David B. Fye, JD, Executive Director

Laura Kelly, Governor

**APPLICATION FOR LCMFT 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: \_\_\_\_\_ License Number: \_\_\_\_\_ License Issue Date \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_

Preferred Mailing: Home \_\_\_\_\_ Business \_\_\_\_\_ License Type and Issue Date \_\_\_\_\_

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, the agenda and the learning objectives for each training(s) with your application.

B. Did you complete one credit hour of a graduate-level course on 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.

C. Do you hold the AAMFT approved supervisor designation? (this training covers all content areas required for BSRB credentialing)  
**Yes No** If "Yes", please include a copy of your approval. (letter, certificate, etc.)

**III. Supervisor Training Content Requirements: (Please mark "Yes" or "No") All the content areas below must be covered in the supervisor training.**

- A. Hands-on Practice in Supervision - consisting of at least eight hours:** you must provide at least eight hours of supervision. The supervision may be completed either before or after the other training requirements for a board-approved clinical supervisor.

*Have you provided at least 8 hours of hands-on supervision: Yes No*

- B. Classic and Postmodern Systemic Supervision Models:** includes training that covers the supervisor's role on clarifying/processing various models of supervision to include, but not limited to, systemic models.

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

- C. Ethical and Legal Issues, Including Risk Management:** includes training that covers the responsibility and liability issues of both the supervisor and supervisee. A review of state statutes pertaining to the law, supervision and therapy as well as the MFT code of ethics.

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

- D. Culture and Context in Supervision:** includes training that covers in cultural competence and the influence of individual and developmental differences that can impact the supervision process. Gender, race and ethnic issues.

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

- E. Structuring Supervision:** includes training that covers setting the boundaries and expectations in the supervision process. Making contracts, use of various forms, supervisee evaluations and the length of meetings and supervision.

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

- F. The Importance of a Positive Working Relationship Between the Supervisor and Supervisee:** includes training that covers respecting the needs of the supervisee, the ability to assess general overall functioning, how to handle disagreements in supervision and mental wellbeing of the supervisee.

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

- G. Kansas Marriage and Family Therapist Statutes and Regulations:** includes training that covers the statutes and regulations that govern the profession of marriage and family therapy in the State of Kansas.

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

**IV. 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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Applicant's Signature

Date of Application