

## Training Plan Amendment – New/Additional Work Site Marriage and Family Therapist

Use this form 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. For example, a change in position at a previously approved site.

Return the training plan to the BSRB by postal mail to the address above or by email to [bsrb@ks.gov](mailto:bsrb@ks.gov) Do not submit the training plan by fax.

### 1. Information regarding supervisee:

Name \_\_\_\_\_ LMFT Number \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ (Optional)  
Email \_\_\_\_\_

### 2. Information regarding the new/additional/change employment site:

- A. Submit an official position description for this work site.
- B. Is this a new work or additional work site or a change to a previously approved work site. \_\_\_\_\_
- C. If a change, describe the change. \_\_\_\_\_
- D. End date of employment at previously approved work site \_\_\_\_\_
- E. Date new/additional or employment change began \_\_\_\_\_

*Work site and address where the supervisee will be accruing hours towards the LCMFT*

Work site \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Title of supervisee's position in this supervised setting? \_\_\_\_\_

Will you be providing services to clients physically located outside Kansas? Yes \_\_\_ No \_\_\_  
If yes, are you licensed in the state where the client is located? Yes \_\_\_ No \_\_\_  
If yes, is your clinical supervisor licensed in the state where the client is located? Yes \_\_\_ No \_\_\_

### 3. Information regarding supervisor:

- A. Name of your clinical supervisor: \_\_\_\_\_
- B. Is this your previously approved supervisor for your clinical training plan? Yes \_\_\_ No \_\_\_

C. Clinical Supervisor contact information (email and phone) \_\_\_\_\_

If “NO,” you will also need to complete the Training Plan Amendment form for a new supervisor.

D. Will the supervisee be involved in the process of diagnosing clients? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please provide answers to the following questions on a separate sheet of paper:**

- 1. Will the supervisee be using the DSM-5 in diagnosing clients?
- 2. Please list some specific diagnosis 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. What are some theories of psychotherapy the supervisee plans to use in treating clients?
- 6. 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.
- 7. Please provide any additional changes.

**5. Supervisors and Supervisees Attestation**

We, the undersigned supervisee, and supervisor, acknowledge that we have both read and agree to all aspects of this amended training 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 forgoing 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 Supervisor	Date	Signature of Supervisee	Date
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**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: [ksbsrb.ks.gov](http://ksbsrb.ks.gov)**