

Sam Brownback
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

FILING OF CLINICAL SUPERVISION TRAINING PLAN

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

- 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) will need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-3-7a, for the supervision requirements for a clinical license. All statutes and regulations may be found on our website www.ksbsrb.ks.gov
- **You must attach an official job description with your training plan.**
- You must receive approval, in writing, from the Board before you may begin counting supervision hours.
- Supervision requirements may not be finished in less than two years.
- 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 keep the Board up to date 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 period will not be counted.

Sam Brownback
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

Clinical Supervision Training Plan Professional Counselors

You must be fully licensed (not temporarily licensed) as an LPC to be eligible to submit a clinical training plan.

Please answer **ALL** questions. The form needs to be filled out completely, and legibly.

The supervisee shall complete sections I and II.

The supervisee together with the supervisor(s) shall complete sections III and VI.

The supervisor(s) shall complete sections IV and V.

I. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____

Home Phone _____ Cell Phone _____
(Optional)

Home Address _____

City, State, Zip _____

License number _____ Issue date _____ Expiration date _____

Name of your clinical training plan supervisor _____

Name of 2nd clinical training plan supervisor (if applicable) _____

II. Information regarding the Supervision Setting: [Completed by supervisee]

Name of Agency and address where you will be participating in the supervised work experience.

Agency _____

Address _____

City, State, Zip _____

Phone _____ Your Title in this supervised setting? _____

You are required to attach a copy of your official position description to your training plan.

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

Please provide answers to questions 1 through 18 on a separate sheet of paper:

1. Will you be using the DSM IV in diagnosing clients?
2. Please list some specific diagnoses you expect to treat.
3. What are the anticipated types of clients to whom you will be providing services?
4. What services will you be providing to clients?
5. What are some theories of psychotherapy you plan to use in treating clients?
6. What dates are expected to be covered with the Supervision Training Plan?
(Training plan must be approved by the board before post graduate hours can begin to be accrued.)
7. List your clinical supervision goals and briefly describe how you will attain those goals. Be sure to review the definition of clinical professional counseling and incorporate into your goals. [See K.A.R. 102-3-1a (e)] **Also, include goals that relate to diagnosis and treatment of mental disorders. Include a description that specifies how you will meet the requirement to provide 1500 hours of psychotherapy and assessment.**
8. Outline your supervisor's responsibilities in relation to these goals and objectives.
9. Outline your responsibilities in relation to these goals and objectives.
10. Describe your plan and your supervisor's plan for the documentation of the date, length, method, content, and format of each supervisory meeting and your progress toward the learning goals.
11. Answer the following questions regarding your supervision:
 - a. Describe the schedule for supervision.
 - b. What is the ratio of supervision to direct client contact that you will receive?
 - c. How many supervision hours will be individual?
 - 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?
 - e. What is the total number of supervision hours you will complete?
12. Describe the plan for documenting your progress toward meeting the required 4000 hours of supervised clinical experience.
13. Describe the plan for documenting your progress toward meeting the required 1500 hours of direct face to face client contact providing psychotherapy and assessment services.
14. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged.
15. Describe the plan for notifying the clients that you are practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for your supervisor.
16. Describe the process for renegotiating this plan if warranted, including the need to submit all changes to the board office **within 45 days of the change.**
17. Describe the process for remediating conflicts between yourself and your supervisor.
18. Describe the contingency plans for emergency supervision, missed supervision sessions, and supervision while your supervisor is unavailable. Be sure to include a backup supervisor.

The supervisor(s) shall complete sections IV, V, and VI.

[If there is more than one supervisor each supervisor must complete all three sections.]

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

Name _____ Email _____

Agency _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

License Type _____ License Number _____ Issue date _____ Expiration date _____

Were you licensed at the clinical independent level in a state prior to Kansas? Yes _____ No _____

If yes, state of licensure _____ License type _____

Issue date _____ Expiration date _____

Have you practiced clinical professional counseling for a minimum of two years? Yes _____ No _____

If not, 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 yes, please explain fully in an attached, signed statement.

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

Please read K.A.R. 102-3-7a prior to answering the following questions.

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee’s clinical functioning in the practice of clinical professional counseling? 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 not, please answer the following five questions:

A. Do you have a solid understanding of the practice setting's mission, policies, and procedures? Yes _____ No _____

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying the supervisor 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 clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling 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 supervision in accordance with the clinical supervision training plan? Yes _____ No _____

F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____ No _____

G. Provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience? Yes _____ No _____

H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____

I. Ensure that the each client knows that the supervisee is practicing clinical professional counseling 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, please describe how.**

10. Will the supervisee, under your direction, be providing psychotherapy to the clients?
** If your answer is yes, please describe how. Yes_____ No_____

VI. 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 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 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