

# STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD  
700 SW HARRISON ST.  
SUITE 420  
TOPEKA, KS 66603-3929



PHONE: (785) 296-3240  
FAX: (785) 296-3112  
[bsrb@ks.gov](mailto:bsrb@ks.gov)  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

GOVERNOR JEFF COLYER, M.D.  
MAX FOSTER, EXECUTIVE DIRECTOR

## INSTRUCTIONS FOR APPLICATION FOR SOCIAL WORK LICENSURE CLINICAL SOCIAL WORKER LEVEL

- 1) This application is to be completed once you have met all the requirements for the LSCSW.
- 2) Before you begin the application form, read all instructions and review the application form so that you will understand exactly what information is being requested.
- 3) Please answer all questions on the application completely and accurately. If there have been any convictions of a felony or other past or current events that potentially raise questions about your ability to merit the public trust, additional information will be requested.
- 4) Type or print your responses legibly.
- 5) The \$100.00 application fee must accompany your application. Make checks or money orders payable to "Behavioral Sciences Regulatory Board" or "BSRB". Credit cards are also accepted. **ALL FEES ARE NON-REFUNDABLE.**
- 6) You must contact your graduating college or university and request that an official copy of your transcript be sent directly from the registrar's office to BSRB **IF** it is not ALREADY ON FILE from previous licensure.
- 7) Each of your references should complete the reference form and return it to you in a sealed envelope with their signature across the seal which assures the Board of the confidentiality and integrity of the referencing process. Include these reference forms (in their sealed envelopes) with your application and any other required material. The board will **NOT** accept references that are not in sealed signed envelopes.

By regulation, two of your references shall be from social workers licensed (or licensable) at or above your intended level of licensure. The third reference shall be completed by your most current employment supervisor where your position required you to hold a social work license. The professional references shall be familiar with your work as a social worker.

- 8) Each clinical supervisor that provided supervision for your post-graduate work hours should complete the Supervisor's Attestation form and return it to you in a sealed envelope with their signature across the seal. This assures the Board of the confidentiality and integrity of the attestation. If someone was approved as a clinical supervisor and but did not provide any supervision, they must submit a statement indicating they did not provide any supervision.
- 9) If you are or have ever been licensed, registered, or certified as a social worker in another state, please fill out section A of the Out-of-State Clearance form. Send the form to the state(s) where you were licensed, registered, or certified as a social worker. The state should return the form directly to the BSRB office.

- 10) If you graduated with an MSW after July 1, 2003, you are required to complete the grid related to coursework. Per regulation, 15 hours of graduate level social work coursework related to diagnosis and treatment of mental disorders must be completed. **Graduates from the University of Kansas, Washburn University, Wichita State University, Newman University, University of Missouri Kansas City and Missouri State University are required to complete the coursework, but are not required to fill out the grid because these schools have provided a list of coursework that meets the education requirements. *If you previously provided this documentation with your training plan, you do not need to provide it again.***
- 11) The board cannot determine whether you are eligible to **sit for the examination** until all application materials have been received by BSRB. (See #13)
- 12) Once your application has been reviewed and approved, you will receive written notice regarding eligibility to sit for the examination. The ASWB Candidate Handbook is available for download at [www.aswb.org/](http://www.aswb.org/). The forms necessary to arrange for special accommodations are included in the ASWB Candidate Handbook. You will need to contact the Board office to request the forms needed for ESL arrangements.
- 13) Your completed application packet shall be submitted to BSRB and should include ALL of the following:
  - A. Completed application form. If incomplete, your application will be returned to you for completion.
  - B. \$100.00 application fee
  - C. Your official transcript (if we don't already have it) sent directly from the registrar's office.
  - D. Three (3) completed reference forms (one from most current employment supervisor – other two from clinically licensed social workers)
  - E. Supervisor(s) attestation(s)
  - F. Copy of official position descriptions from all settings in which clinical supervision occurred
  - G. Other relevant attachments, as appropriate to your situation
  - H. Grid related to coursework. If you graduated with your MSW **AFTER July 1, 2003**, you are required to complete the grid related to coursework. Unless you graduated from one of the schools listed above in #10.

Please allow 30 days for review of your application. You may now **check the status of your application on our website** [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov), under “Services.”

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## APPLICATION FOR SPECIALIST CLINICAL SOCIAL WORKER

### Identifying information: (Please type or print clearly in ink)

Legal Name: \_\_\_\_\_  
Last First Middle

Maiden/Other names used: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

Preferred E-Mail Address: \_\_\_\_\_ Preferred Mailing: Home \_\_\_\_\_ Business \_\_\_\_\_

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: \_\_\_\_\_

**Address of Record:** (Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Have you ever made application for licensure in the State of Kansas? \_\_\_\_\_ If yes, under what name, what level of licensure, and when? \_\_\_\_\_

### **MERIT OF PUBLIC TRUST:** If any of the following questions are answered yes, please attach a written explanation.

- \_\_\_\_\_ Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Have you ever been convicted of a misdemeanor crime against persons? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as a social work service provider by a civil or criminal court of law or board of a professional organization? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Have you ever knowingly aided or abetted a person, not a licensed social worker, in representing him or herself as a licensed social worker? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes \_\_\_ No \_\_\_
- \_\_\_\_\_ Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past two years? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Have you ever been found to be in violation of a professional association's code of ethics or of a state licensing board's rules and regulations or statutes regarding professional conduct? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Have you ever paid a judgment or settlement in a negligence action that concerned your social work profession? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Have you ever resigned from a professional association or surrendered your license to a state Licensure board while an ethical complaint was pending against you? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes \_\_\_ No \_\_\_

Have you ever been licensed, registered, or certified as a social worker in another state? \_\_\_\_\_

If yes, where \_\_\_\_\_ and what level \_\_\_\_\_

**IF YES, REQUEST OUT OF STATE CLEARANCE VERIFICATION FORM FROM BOARD OFFICE**

Have you previously passed the ASWB clinical level examination?

Yes \_\_\_ No \_\_\_ If yes, where \_\_\_\_\_ when \_\_\_\_\_

**If yes, please make arrangements with ASWB to have your exam score sent to the BSRB.**

**EDUCATIONAL INFORMATION:**

School and Location	Degree Received	Date of Degree

**INFORMATION REGARDING YOUR MASTERS DEGREE PRACTICUM EXPERIENCE:**

Name of Agency \_\_\_\_\_

Address of Agency \_\_\_\_\_

Name of Practicum Supervisor \_\_\_\_\_

Total number of hours in practicum experience \_\_\_\_\_

How many of the above listed hours or what percentage of the above listed hours were direct client contact during your masters degree practicum experience: \_\_\_\_\_

Briefly describe your responsibilities in the master degree practicum experience: If you had more than one, please describe both.

**TRANSCRIPTS:** The applicant is responsible for having transcripts sent **directly to the board office** by the school as proof of academic credentials. *If you are currently licensed by the BSRB, your transcript is on file, and an additional transcript is not needed. If you were licensed through reciprocity you may still need to submit a transcript.*

**GRADUATE HOURS IN PSYCHOPATHOLOGY:** 3 graduate hours in psychopathology is required for clinical licensure. List the course(s) that fulfill this requirement. **If the title of the coursework does not clearly indicate the content related to diagnosis and treatment, submit at the time of application a course description or syllabus that clarifies the content.**

Course title \_\_\_\_\_ Credit hours \_\_\_\_\_ University \_\_\_\_\_

**If you graduated with an MSW on or after July 1, 2003 please complete the enclosed Social Work academic grid as part of your application (unless you graduated from one of the exceptions listed on the instructions page).**

**REFERENCES REQUIREMENTS:**

The applicant should submit completed reference forms, in their sealed envelopes, at the time of application. Your references should meet the guidelines as specified below:

Each applicant shall provide the name of the applicant's current or most immediate work supervisor **and** two professional references from social workers that are licensed at the clinical level of licensure. References should be familiar with the applicant's professional conduct and competence. The same professionals who complete the supervisor's attestations may fill out professional references.

**PROFESSIONALS YOU HAVE REQUESTED TO SUBMIT REFERENCES:**

Name	Credentials	Address	Phone #
LSCSW Reference			
LSCSW Reference			
Employment Supervisor			

**SUPERVISED POST-GRADUATE EXPERIENCE:**

You are required to submit a copy of your official position description from all settings in which clinical supervision occurred.

List the name, current address and phone number of the clinical social workers that have submitted post-graduate supervisor's attestations in support of your application for licensure, and the dates of the experience:

Name of supervisor	current address	phone number	dates of supervision

**APPLICANT'S ATTESTATION:**

1. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes \_\_\_ No \_\_\_
2. I have completed the application materials and procedures honestly and in good faith. Yes \_\_\_ No \_\_\_
3. I understand that the members and staff of the Behavioral Science Regulatory Board are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written. Yes \_\_\_ No \_\_\_
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly. Yes \_\_\_ No \_\_\_
5. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual who has knowingly made a false statement on a BSRB form required for licensure or renewal. Yes \_\_\_ No \_\_\_
6. I **have read** and am familiar with the statutes and regulations that govern the practice of social work in the state of Kansas. Yes \_\_\_ No \_\_\_
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of social work in Kansas.** Yes \_\_\_ No \_\_\_
8. Was your supervision agreement submitted to the BSRB prior to July 1, 2000? Yes \_\_\_ No \_\_\_

**ALL QUESTIONS IN THE FOREGOING APPLICATION SHALL BE ANSWERED OR THE APPLICATION WILL BE RETURNED.**

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 licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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GOVERNOR JEFF COLYER, M.D.  
MAX FOSTER, EXECUTIVE DIRECTOR

## *Out-Of-State License Verification Form*

### **Instructions:**

**Section I** Completed by the applicant and sent to the out-of-state board for completion. Additional copies of this form may be printed and used as needed by the applicant.

**Section II** Completed by a representative of the out-of-state board and returned directly to the Kansas BSRB office at the address above.

### I. Applicant Information

I, \_\_\_\_\_, am applying for social work licensure in the state of Kansas. In order to be considered for licensure in Kansas, I am required to provide official documentation related to my credential status and standing in your state. Accordingly, I am requesting that you complete Section II below, AND RETURN TO THE Kansas Behavioral Sciences Regulatory Board (BSRB).

- A. Name under which my license was issued: \_\_\_\_\_
- B. Other names used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- C. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
- D. Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- E. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Statement from Out-Of-State Board

- A. Name appearing on license in your state: \_\_\_\_\_
- B. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
- C. Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_
- D. Level of Licensure (bachelor, masters, clinical): \_\_\_\_\_
- E. Licensed by: Examination: \_\_\_\_\_ Reciprocity: \_\_\_\_\_ Grandfathered: \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

### F. **If Licensed by Exam:**

Name of Exam: \_\_\_\_\_

Exam Level: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Exam result: Pass \_\_\_\_\_ Fail \_\_\_\_\_

G. Is License in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No", please attach copies of all releasable information and state reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Has License been disciplined? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please attach copies of all releasable information and state reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of State Board Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Title/Position: \_\_\_\_\_

Name of State Board: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Upon completion, please return this form directly to:

Behavioral Sciences Regulatory Board  
700 S.W. Harrison St, Ste. 420  
Topeka, KS 66603-3929

State Seal

Revised: 4/27/16



**APPLICATION FOR LICENSURE AS A LICENSED SPECIALIST CLINICAL SOCIAL WORKER LSCSW  
Professional Reference Form**

**Instructions:** Section 1 is to be completed by the applicant and then sent to the referencing individuals for completion. Additional copies of this form may be made and used as needed by the applicant. **Completed Professional Reference Forms shall be submitted in the unopened sealed envelopes by the applicant at the time of application.** Section 2 is to be completed by the referencing individual who needs to seal the envelope and sign across the seal, and then returned to the applicant.

**SECTION 1: This section is to be completed by the applicant.**

To: (Name of reference-please print): \_\_\_\_\_

From: (Name of Applicant-please print): \_\_\_\_\_

I am applying for licensure as a social worker in the State of Kansas and I am required to provide information to support that application. This form, bearing my signature, gives my consent and authorization to release any and all information and/or documents that may be material to an evaluation of my merit of the public trust. I authorize the Behavioral Sciences Regulatory Board (BSRB) and its representatives to consult with you regarding my professional competence, character, ethical qualifications, health status, ability to work cooperatively with others and other qualifications for licensure.

I release from liability any and all individuals, institutions and organizations that provided information to the BSRB or its representatives, in substantial good faith and without malice, concerning my merit of the public trust and my qualifications for licensure. I consent to the inspection by the BSRB and its representatives of all documents that may be material to an evaluation of my qualifications and competence. I understand that this consent for release of information will be in effect for a period of one year from the date of consent.

Please mail this completed form directly to me in a sealed envelope with your signature across the seal. **Please be certain to seal the envelope and sign over the seal.** I am responsible for submitting to the BSRB the completed form in its sealed envelope as part of my application packet.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: The qualified referencing individual should answer all of the following questions to the best of their knowledge. The reference should then return this completed form to the applicant in a sealed envelope. The reference should sign his/her name over/across the seal on the envelope to insure confidentiality.**

To qualify to serve as a professional reference, the referencing individual must be:

1. unrelated to the applicant;
2. able to address the applicant's professional conduct, competence and merit of the public trust;
3. licensed as a social worker at or above the intended level of licensure; UNLESS you are the applicant's current or past employment supervisor

**Note:** If you do not qualify to serve as a professional reference, please alert the applicant. If you do qualify to serve as a professional reference, please complete the form and return it, at your earliest convenience, to the applicant as indicated above. Please be sure to sign over the seal on the back of the sealed envelope before returning it to the applicant. Thank you.

**I. Professional Reference's Qualifications:**

A. Professional Reference's Name: \_\_\_\_\_

B. Do you hold a professional license? Yes\_\_\_\_ No\_\_\_\_ **If "yes", please answer the following questions:**

1. Professional Licenses Held: \_\_\_\_\_ License #: \_\_\_\_\_

2. State of Issuance: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

C. Agency: \_\_\_\_\_

D. Agency Address: \_\_\_\_\_

E. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



- F. Professional Reference's Educational Background: \_\_\_\_\_
- G. Professional Title: \_\_\_\_\_
- H. Are you related by blood or marriage to the applicant? Yes\_\_\_\_ No\_\_\_\_ **If "yes", state relationship:**  
\_\_\_\_\_
- I. How long have you known the applicant? \_\_\_\_\_
- J. What relationship (such as employer, supervisor, co-worker, instructor, professional colleague, classmate, friend, or other) have you had with the applicant that has aided you in forming any opinion of his/her character:  
\_\_\_\_\_
- K. In what work settings have you known the applicant? Please provide the name(s) and address(es) of the agency(ies):  
\_\_\_\_\_
- L. Have you supervised the applicant in a work setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. Professional Reference's Knowledge of Applicant:**

- A. Please consider the candidate's behavior in the following areas: good judgement, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of clinical social work and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as a clinical social worker? Yes\_\_\_\_ No\_\_\_\_  
**If your answer is no, please elaborate in detail on attached sheet.**
- B. Are you aware of any significant facts concerning the applicant's background that would reflect unfavorably on the applicant's character and fitness to practice clinical social work? Yes\_\_\_\_ No\_\_\_\_  
**If your answer is "yes", please state these facts in detail on an attached sheet.**
- C. Do you recommend the applicant for licensure to practice clinical social work in Kansas? Yes\_\_\_\_ No\_\_\_\_  
**If not, please elaborate in detail in an attached statement.**
- D. If you desire, please expand upon any of the foregoing answers or add any comments or information that you believe will aid the BSRB in evaluating the applicant's merit of public trust for licensure as a clinical social worker in Kansas. For such purpose, you may supplement this Professional Reference Form by typewritten letter addressed to the Board and attached hereto.

**III. Professional Reference's Attestation:**

Reference's Attestation: I certify the foregoing answers and information furnished above are given in good faith with the understanding that it will be utilized for purposes of determining the applicant's merit of the public trust to be licensed and to practice as a clinical social worker in the State of Kansas. Any response or information I have provided is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Application for Clinical Social Work License  
**Post-graduate Supervised Experience**  
**Supervisor's Attestation**

**Consent and Authorization to Release Information**

Supervisors name \_\_\_\_\_

To my supervisor:

I am applying for license as a clinical social worker in the state of Kansas, and am required to provide information in support of that application. This form bearing my signature, gives my consent and authorization to release any and all information and documents that may be material to an evaluation of my qualifications and competence.

I authorize the Behavioral Sciences Regulatory Board and its representatives to consult with you regarding my professional competence, character, ethical qualifications, ability to work with others, and any other qualifications for licensure.

I release from liability any and all individuals, institutions, and organizations that provide information to the Behavioral Sciences Regulatory Board or its representatives, in substantial good faith and without malice, concerning my professional conduct, ethics, character and other qualifications for licensure. I consent to the inspection by the Behavioral Sciences Regulatory Board of all documents that may be material to an evaluation of my qualifications and competence. I understand that this consent for release of information will be in effect for a period of one year from the date of consent.

Please return this completed attestation to me IN A SEALED ENVELOPE, WITH YOUR SIGNATURE OVER THE SEAL. I am responsible for submitting this completed reference, in its sealed envelope as part of my application packet.

Printed name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Supervisor's Information**

Please complete the following questions regarding the supervisor.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License type and number \_\_\_\_\_ Original date of issue \_\_\_\_\_ State \_\_\_\_\_

If licensed in a state other than Kansas, at the time supervision was provided, was this license the independent, clinical level of licensure? Yes \_\_\_ No \_\_\_

## B. Post Graduate Clinical Supervisor's Attestation

Work site where supervised postgraduate experience occurred:

Agency name \_\_\_\_\_

Agency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date range during which you provided supervision: From \_\_\_\_\_ To \_\_\_\_\_  
(Provide end date. Do not write "present")

- **Numbers 1-9 refer to hours accrued solely under your clinical supervision**
- **The answers to questions 1-9 must be the actual number of hours completed while under your supervision. Estimates or the minimum required hours will not be accepted.**

### I. Supervised hours while under your supervision: (1 – 9 should be based only on the date range above)

1. Average number of hours that applicant worked per week \_\_\_\_\_
2. Total number of post graduate clinical experience hours that involved **direct, face to face clinical contact with clients providing psychotherapy and assessment** \_\_\_\_\_
3. Total number of post graduate clinical experience hours which were clinical social work practice services, excluding psychotherapy and assessment (if any) \_\_\_\_\_
4. Total number of post graduate indirect client contact hours \_\_\_\_\_
5. Total number of **post graduate clinical experience hours** that applicant completed \_\_\_\_\_ (2+3+4 = 5)
6. Total number of supervision **sessions** provided to the applicant \_\_\_\_\_
7. Total number of supervision **hours** provided to the applicant \_\_\_\_\_
8. Total number of hours of supervision provided **individually** to the applicant \_\_\_\_\_
9. Total number of hours of supervision provided in a **group** setting \_\_\_\_\_

### II. Supervisor's Qualifications at the time supervision was provided:

1. Were you under any disciplinary sanction, restriction or have any disciplinary action pending by a professional licensing or credentialing Board at the time you provided supervision? Yes \_\_\_ No \_\_\_
  2. Did you have, at least in part, clinical responsibility for the supervisee's practice of social work? Yes \_\_\_ No \_\_\_
  3. Did you have knowledge and experience with the supervisee's client population? Yes \_\_\_ No \_\_\_
  4. Did you have knowledge and experience with the methods of practice that the supervisee employs? Yes \_\_\_ No \_\_\_
  5. Were you a member of the staff in the supervisee's practice setting? Yes \_\_\_ No \_\_\_
- If **no**, please answer the following questions:
- a. Did you have an understanding of the organization and administrative policies and procedures of the practice setting? Yes \_\_\_ No \_\_\_
  - b. Did you have an understanding of the mission of the practice setting? Yes \_\_\_ No \_\_\_
  - c. Was the extent of your responsibilities clearly defined with respect to the client cases to be supervised and your role, if any, in the personnel evaluation within the practice setting? Yes \_\_\_ No \_\_\_
  - d. Was the responsibility for payment for supervision clearly defined? Yes \_\_\_ No \_\_\_
  - e. If the supervisee paid you directly for supervision, did you maintain your responsibility to the client and the practice setting? Yes \_\_\_ No \_\_\_
  - f. Were the parameters of client confidentiality defined and agreed to by the client? Yes \_\_\_ No \_\_\_

### III. Supervisor's requirements within the supervision process:

1. Did you meet in person with the supervisee to provide at least 1 hour of supervision for every 20 hours of direct client contact? Yes \_\_\_ No \_\_\_
2. If you provided supervision in a group format, how many supervisees were in those groups? \_\_\_\_\_
3. Did you provide oversight, guidance and direction of the supervisee's practice by assessing and evaluating the supervisee's performance? Yes \_\_\_ No \_\_\_
4. Did you provide supervision in a process distinct from personal therapy, didactic (classroom) instruction, or social work consultation? Yes \_\_\_ No \_\_\_
5. Did you ensure that your scope of responsibility and authority in the supervisee's practice setting was clearly defined? Yes \_\_\_ No \_\_\_
6. Did you periodically evaluate the supervisee's role and their use of a theoretical base, and their use of social work principles? Yes \_\_\_ No \_\_\_
7. Did you provide supervision consistent with the education, training, experience, and ability of the supervisee? Yes \_\_\_ No \_\_\_

**C. Evaluation of the Applicant's supervised experience:**

**I. Please summarize the types of clients seen and the services provided by the supervisee during the supervised experience:**

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**If any of the following areas are rated as unacceptable, please attach a statement outlining the basis for those ratings.**

**II. Please assess the applicant's performance in regard to the following components of clinical social work practice:**

	<b>Acceptable</b>	<b>Unacceptable</b>
1. Assessment	_____	_____
2. Diagnosis	_____	_____
3. Treatment (psychotherapy)	_____	_____
4. Client centered Advocacy	_____	_____
5. Consultation	_____	_____
6. Evaluation	_____	_____

**III. Please evaluate the applicant's merit of public trust in regard to the following qualities:**

	<b>Acceptable</b>	<b>Unacceptable</b>
1. Good judgment	_____	_____
2. Integrity	_____	_____
3. Honesty	_____	_____
4. Fairness	_____	_____
5. Credibility	_____	_____
6. Reliability	_____	_____
7. Respect for others	_____	_____
8. Respect for state and federal laws	_____	_____
9. Self discipline	_____	_____
10. Self-evaluation	_____	_____
11. Initiative	_____	_____
12. Commitment to social work values and ethics	_____	_____

**IV.**

1. At any time was the supervisee's performance unacceptable? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If yes, provide further explanation on an attached sheet.

2. I recommend the applicant be considered for licensure at the independent, clinical level in social work:

**without reservation** \_\_\_\_\_ **with reservation** \_\_\_\_\_

**OR, I do not recommend** this applicant be considered for licensure \_\_\_\_\_

If "**with reservation,**" or "**do not recommend**" please attach a separate page with the reasons for your response.

**Attestation of the Supervisor:**

I have personally known the above applicant who has made application to the Behavioral Science Regulatory Board for licensure as a specialist clinical social worker, and attest that said applicant has been practicing in the clinical setting as indicated, and has been supervised by me in that specialty.

In signing this form, I understand that I am attesting that all the information provided in this attestation form is true, accurate, and submitted in good faith. I understand that in accordance with Kansas statutes, anyone knowingly making a false statement on any form of the Behavioral Science Regulatory Board shall be guilty of a Class B misdemeanor.

---

Signature

Date

**Integrated Courses**  
**Partial hours for various courses apply toward the categories**  
**12 hours total with a minimum of at least one hour in each category**

<b>Diagnostic Assessment</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Interdisciplinary Referral and Collaboration</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Treatment Approaches</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Professional Ethics</b>	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating	Course Title & Credit hrs Rating		
<b>Psychopathology</b> <b>Discrete 3-hour Graduate Social Work (This must be a single course, cannot be multiple courses)</b>  Course Title & Credit hrs							<i>Total must be at least 15 graduate social work hours</i>	<b>Total</b>

All courses must be graduate level social work. Practicum courses cannot be used to meet the 15 hours of coursework.

**\*\* Total of hours claimed from any specified course cannot exceed credit hours transcribed for that course.**

**A = Most** to all of the course covers this content area

**B = Approximately** half of the course covers this content area

**C = Some** of the course covers this content area

*Please see K.S.A. 65-6306 to explain in more detail the 15-hour requirement.*

**If you received your MSW degree AFTER July 1, 2003, you are required to complete this grid, unless the school from which you graduated is listed in the exceptions on the instruction page.**

STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD  
700 SW HARRISON ST.  
SUITE 420  
TOPEKA, KS 66603-3929



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GOVERNOR JEFF COLYER, M.D.  
MAX FOSTER, EXECUTIVE DIRECTOR

**Credit Card Payment Form**

**Only complete when paying by credit card.**

*The credit cards accepted are American Express, Discover, MasterCard and Visa.*

Amount of Purchase: \$ \_\_\_\_\_

Credit Card: American Express \_\_\_\_\_ Discover \_\_\_\_\_  
MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Acct. # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_ / \_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Approval Number \_\_\_\_\_ Date \_\_\_\_\_