

## INSTRUCTIONS FOR FILING OF CLINICAL SUPERVISION TRAINING PLAN

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

The Board strongly recommends that you receive a broad based, varied work experience during your supervised postgraduate experience.

- 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) need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-2-8(d) and 102-2-12 for supervision requirements and clinical licensure requirements. The regulations may be found on our website [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)
- Attach an official job description with your training plan. If your work site is a private practice you may write your own.
- 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, Missouri State University and Park University are required to complete the coursework but are not required to submit the grid because these schools have provided us with a list of coursework that meets the education requirements.**
- If you intend to use videoconferencing for a portion of your supervision you must provide written verification of the technological security measure implemented to protect confidentiality.
- You must receive approval, in writing, from the Board before you may begin counting supervision hours. The training plan approval date will be backdated to the date the training was received in the Board office, provided the plan is approved.
- 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 notify the Board 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 will not be counted.
- All supervised clinical experience requirements must be completed in not less than two years and no more than six years. If you have not completed the supervision requirements within the six-year maximum, your accrued hours will begin to drop off month by month.
- Once all the supervision requirements have been completed you may apply for the LCSW and take the exam at any time. You are not required to apply for the LCSW or take the exam within a specified amount of time.

## Clinical Supervision Training Plan Social Work

No hours may be accrued toward the LSCSW without an approved training plan. The training plan approval date will be backdated to the date the training was received in the Board office, provided the plan is approved.

The supervisee shall complete sections 1 and 2  
The supervisee together with the supervisor(s) shall complete sections 3 and 6.  
The supervisor(s) shall complete sections 4 and 5.

### 1. Information regarding supervisee: [Completed by supervisee]

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ (Optional)

Home Address \_\_\_\_\_

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

Social Work Degree & Track \_\_\_\_\_ University \_\_\_\_\_

Month and Year Master of Social Work degree was granted \_\_\_\_\_

LMSW number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

### 2. Information regarding the Supervisee's work site: [Completed by supervisee]

*Section 2 must be completed for each work site where you will be accruing hours toward the LSCSW*

Work site and address where you will be accruing hours toward the LSCSW.

Agency/work site \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Title in this supervised setting \_\_\_\_\_

**Attach an official position description for each work site**

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

*If the answer to any of these questions is no, provide an explanation on a separate page.*

**1. Clinical Master's Degree Practicum**

a. Did the supervisee complete a clinical master's degree practicum? Yes No

**2. Diagnosis**

a. Will the supervisee, under the supervision of the supervisor be diagnosing clients? Yes No

b. Will the supervisee be using the DSM-5 to diagnose clients? Yes No

**3. Psychotherapy**

Will the supervisee, under the supervision of the supervisor, provide psychotherapy to clients? Yes No

If no, the training plan cannot be approved.

**4. Will the supervisee meet the minimum requirements in no fewer than two years and no more than six years?**

Yes No

**5. Does the supervisee have a plan in place indicating how either party will terminate the supervisory relationship should that be necessary prior to completion of the LCSW hours accrual? Yes No**

**6. Answer the following questions regarding supervision:**

a. Describe the format and schedule for supervision.

b. Will the supervisee meet for supervision at least twice a month, one of which must be individual supervision? Yes No

c. Will the supervisee meet for one hour of supervision for every 15 hours of direct client contact? Yes No

d. Will the supervisee accrue a minimum of 50 hours of individual supervision? Yes No

e. Will the supervisee participate in group supervision? Yes No

If yes, will there be six or fewer LMSW supervisees? Yes No

f. Will the supervisee accrue a minimum of 100 hours of supervision? Yes No

g. Will any supervision occur via interactive televideo? Yes No

If yes, is the platform technologically secure? Yes No

Note: The format of supervision must be noted as part of the supervisor's attestation.

**7. Will both the supervisee and the supervisor document the supervision meetings (to include date and length) in writing in a way that can be reviewed by the Board if requested? Yes No**

**8. Will the supervisee receive regular, and periodic evaluations? Yes No**

**9. Will the supervisee notify the clients in writing that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the approved supervisor? Yes No**

**10. Will the supervisee notify the Board in writing of **any changes** to the approved training plan within 45 days of the change? Yes No**

**11. Is there a plan in place to remediate conflicts between the supervisee and the supervisor? Yes No**

**Please provide answers to questions 12-16 on a separate sheet of paper:**

**12. Clients**

- a. Describe the clients to whom the supervisee will be providing services.
- b. What services will the supervisee be providing to clients?

**13.** Review the definition of clinical social work below (KAR 102-2-1a (e)) list the clinical supervision goals and briefly describe how the supervisee will attain those goals. Additional goals may be provided, however, goals based upon numbers 1 – 7 must be provided.

(e) “Clinical social work practice” means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

- (1) Assessment;
- (2) diagnosis;
- (3) treatment, including psychotherapy and counseling;
- (4) client-centered advocacy;
- (5) consultation;
- (6) evaluation; and
- (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

**13.** Outline the supervisees responsibilities in relation to these goals and objectives. [KAR 102-2-8

(d)(6)(F)]

**15.** Outline the supervisor’s responsibilities in relation to these goals and objectives. [KAR 102-2-8

(d)(6)(E)]

**16.** Describe the contingency plans for missed supervision sessions, and supervision if the approved clinical supervisor is unavailable.

Name of emergency supervisor (required):

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed since the supervisee will not be accruing any supervision towards the LSCSW with this person.

A back up supervisor is someone with whom the supervisee would meet for supervision if the approved clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.

**Please note: Anyone whose name is provided in answering this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LSCSW unless he/she is approved by completing section 3, 4 and 5 of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LSCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.**

Each clinical supervisor with whom you will be accruing hours towards the LCSWSW must complete sections 4, 5 & 6.

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Kansas LCSWSW Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you currently, or have you previously been licensed as a clinical social worker in a state other than Kansas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state: \_\_\_\_\_ Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_ Original Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you practiced in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical social work licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is no, 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 your answer is yes, explain in an attached, signed statement.**

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

**Please read K.A.R. 102-2-8(d) prior to answering the following questions.**

##### 1. Per K.A.R. 102-2-8(d)(3)(B) –

A. Are you aware, as a clinical supervisor of a licensee who is seeking clinical licensure, that you have full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you accept as a clinical supervisor of a licensee who is seeking clinical licensure, in full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? 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 understand 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 your answer is no, please answer the following five questions:**

- A. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised? Yes \_\_\_\_ No \_\_\_\_
- B. Is the extent of your role in personnel evaluation within the practice setting clearly defined? Yes \_\_\_\_ No \_\_\_\_
- C. Is the responsibility for payment of supervision clearly defined? Yes \_\_\_\_ No \_\_\_\_
- D. Is the supervisee paying you 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 social work by assessing and evaluating the supervisee's performance? Yes \_\_\_\_ No \_\_\_\_
- B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or social work 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 a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee. Yes \_\_\_\_ No \_\_\_\_
- F. Ensure that each client knows that the supervisee is practicing social work 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 \_\_\_\_

**6. Supervisor's and Supervisee's Attestation:**

We, the undersigned supervisee, and supervisor/s, 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

**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	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	
	Rating	Rating	Rating	Rating	Rating	Rating	
<b>Interdisciplinary Referral and Collaboration</b>	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	
	Rating	Rating	Rating	Rating	Rating	Rating	
<b>Treatment Approaches</b>	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	
	Rating	Rating	Rating	Rating	Rating	Rating	
<b>Professional Ethics</b>	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	Course Title & Credit hrs	
	Rating	Rating	Rating	Rating	Rating	Rating	
<b>Psychopathology Discrete 3-hour Graduate Social Work (This must be a single course, cannot be multiple courses)</b>							
Course Title & Credit hrs							

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 and K.A.R.102-2-12 to explain in more detail the 15-hour requirement.*

**If you received an 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 instructions page.**