



Phone: 785-296-3240 Fax: 785-296-3112 <u>ksbsrb.ks.gov</u>

David B. Fye, JD, Executive Director

Laura Kelly, Governor

## Training Plan Amendment – New/Additional Supervisor Social Work

This form should only be used if you have an approved training plan on file with the BSRB and you are changing to a new supervisor or adding an additional supervisor.

Return the amendment to the address above or by email to bsrb@ks.gov

1. Information regarding	_				
Name		LMSW Number			
Email	Phone				
Work Agency					
Work Agency Address					
Is this a previously approved wor	rk site for your clinical training plan	? Yes No			
If "NO," you will also need to con	mplete the Training Plan Amendm	ent form for a new work site.			
Is this a new supervisor (the only	supervisor) or an additional supe	rvisor?			
Date to begin supervision:					
Name of previously approved su	pervisor:				
	supervisor: [Completed by				
		super visor(s)]			
		one			
Kansas LSCSW Number	Issue date	Expiration date			
Are you currently, or have you pr Yes No	eviously been licensed as a clinica	al social worker in a state other than Kansas			
If yes, state:		Is license current? Yes No _			
License Number:	Original Issue date:	Expiration date:			

beyond	ou practiced in a position that included assessment, diagnoses, and psy the date of social work clinical licensure? answer is no, you are not eligible to be a clinical supervisor.		, for two years No	
action i	currently under disciplinary investigation, sanction, or practice limitation nposed by a state credentialing board or professional organization? answer is yes, please fully explain in an attached, signed statement	Yes		
	mation regarding the supervisory relationship: [Completed b	y supervi	sor(s)]	
<b>Please</b>	read K.A.R. 102-2-8(d) <u>before</u> answering the following questions.			
	Are you aware, as a clinical supervisor of a licensee who is seeking clininave full or in part, professional responsibility for the supervisee's praction delivery of social work services?	ce of clinica		
	o you accept as a clinical supervisor of a licensee who is seeking clinical lart, professional responsibility for the supervisee's practice of clinical social			
:	social work services?	Yes	No	
<b>2.</b> Do y	ou have a dual relationship with the supervisee?	Yes	No	
<b>3.</b> Do y	ou have knowledge of and experience with the supervisee's client popul	ation? Yes	No	
<b>4.</b> Do yo employ	ou have knowledge of and experience with the methods of practice that	the supervi Yes	see will No	
	ou understand the organization and administrative policies and procedur setting?		upervisees No	
<b>6.</b> Are y	ou a staff member of the practice setting?	Yes	No	
	If your answer is no, please answer A - F:			
	<b>A.</b> Is the extent of your responsibility for the supervisee clearly defined to be supervised?		client cases No	
	B. Is the extent of your role in personnel evaluation within the practice s		rly defined? 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	
	F. Do you have a complete understanding of the practice setting's miss procedures?	sion, policy Yes	and No	

You should receive a written response regarding your clinical training plan amendment from the Board office within 30 days. If you have not received a response within 30 days from submission, please							
Signature	of Supervisor	Date	Signature o	of Supervisee	<del>)</del>	Date	
performan	ce issues with the su	pervisee's clients	nt to the supervisor to , other professionals sionally accountable.	in the practi			
aspects of requireme plan and the including to supervisio	this plan, and have r nts set forth in regula nis amendment meets he requirements for th	ead and understa tions. We attest, s the training requ ne provision of ps t the previously s	r, acknowledge that wand the post graduate to the best of our knowlirements as outlined sychotherapy and assubmitted information by the supervisee.	supervised wledge, that in statute a sessment as	work exp t the origir nd regulat well as th	erience nal training tion, ne required	
4. Superv	isor and Supervisee	Attestation					
<b>10</b> . Do you training pla		pervision in accor	dance with the super	visee's prev	iously app Yes	oroved No	
9. Have yo	ou read the supervise	e's previously ap	proved training plan?		Yes	No	
			rstanding of BSRB sta or the supervisee's pro		· ·	regardingNo	
F.	Ensure that each clie supervision?	ent knows that the	e supervisee is practi	cing social v	vork unde Yes	r No	
E.	Provide a level of su and ability of both yo		commensurate with thisee.	ne education	ı, training, Yes	experience, No	
D.	Periodically evaluate	the supervisee's	s clinical functioning?		Yes	No	
C.	Provide documentat	ion of supervisory	y qualifications to the	supervisee?	' Yes	No	
В.	Conduct supervision instruction, or social		tinct from personal th	erapy, didad	ctic (class Yes	room) No	
A.	Provide oversight, gr by assessing and ev	uidance, and dire aluating the supe	ction of the supervise ervisee's performance	ee's clinical p e?	oractice of Yes	f social work No	

Attention supervisors, for additional information regarding clinical supervision, please see the website at: <a href="https://ksbsrb.ks.gov">ksbsrb.ks.gov</a>

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contact the Board office.

7. Will you perform the following?