



Phone: 785-296-3240 Fax: 785-296-3112 ksbsrb.ks.gov

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

This form should only be used if you have an approved training plan on file with the BSRB and you have changed work sites, are adding an additional worksite, or you are notifying the Board of any change to an approved work site, for example a new position at an approved site.

Return the amendment to the address above or by email to <a href="mailto:bsrb@ks.gov">bsrb@ks.gov</a>

1. Information regarding su	pervisee:
Name	LMSW Number
Home Address	
Home Phone	Cell Phone(Optional)
Email	(Optional)
2. Information regarding the	new/additional/change to employment site:
A. Submit the supervisee's offici	ial position description, for this work site, with the amendment.
B. Indicate if this is a new or add	ditional work site or change to an approved work site
<b>C</b> . If a change, describe the char	nge
<b>D.</b> End date of employment from	n previously approved work site:
E. Date new/additional or employ	yment change began:
F. Name of Agency and address	where the supervisee will be accruing hours towards the LSCSW
Agency	
Address	
City, State, Zip	Phone
Title of supervisee's position in this	supervised setting
services are provided?  If yes, is the supervisee licensed in t	vices to clients who not physically located in the state of Kansas at the time  YesNo the state where the client is located?  YesNo
	cally licensed in the state in where the client is located? Yes No

Н.	Wi	III the supervisee, under th	e direction of the	e supervisc	or, be providing p	•		ne clients? No			
3.	Inf	ormation regarding su	pervisor:								
	Α.	Name of your clinical su	pervisor:								
	В.	Clinical supervisor conta	ct information (e	mail and p	hone)	_					
		Is this a previously appro	-	•	•						
	Answer the following questions on a separate sheet of paper:										
1.	W	ill the supervisee be using	the DSM-5 in di	agnosing o	clients?						
2.	Pl	ease list some specific dia	ignoses the supe	ervisee is e	expected to treat.						
3.	W	What are the anticipated types of clients to whom the supervisee will be providing services?									
4.	W	hat services will the super	visee be providir	ng to client	s?						
5.	W	hat are some theories of p	sychotherapy th	e supervis	ee plans to use i	n treating o	clients?				
6.		escribe the plan for notifyi nits of confidentiality unde									
7.	Р	lease provide any addition	nal changes on a	separate	sheet of paper.						
4.	Sup	pervisor's and Supervise	ee's Attestation								
asplanting asplanting work asp	pec ork e in n the at th	ne undersigned supervised to of this amended training experience requirements somets the training requirements for provision of psychotheral le forgoing information commed by the supervisee.	g plan, and have set forth in regula nents as outlined py and assessmo	read and outlions. We lin statute ent as well	understand the p attest, to the bes and regulation, i as the required	oost gradua st of our kno ncluding the supervisior	te supe owledge e requir n. We a	ervised e, that this rements also attest			
pe	rfor	onally, the supervisee here mance issues with the sup other individual to whom	pervisee's clients	s, other pro	fessionals in the			ne Board,			
Yo off	u sl ice	nture of Supervisor  nould receive a written respondent in the second se	Date ponse regarding a not received a r	your clinic esponse w	Signature of Sup al training plan a ithin 30 days froi	mendment	from the	Date e Board			

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

Revised: 08/31/2023