

Behavioral Sciences Regulatory Board
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Laura Kelly, Governor

Training Plan Amendment – New/Additional Supervisor Addiction Counseling

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

Return the amendment to the BSRB by postal mail to the address above or by email to bsrb@ks.gov Do not submit the training plan by fax.

1. Information regarding supervisee:

Name _____ LAC/LMAC Number _____

Email _____ Phone _____

Work Agency _____

Work Agency Address _____

Is this a previously approved work site for your clinical training plan? Yes _____ No _____

If "NO," you will also need to complete the Training Plan Amendment form for a new work site.

Is this a new supervisor (it will be your only one) or an additional supervisor? _____

Date to begin supervision: _____

Name of previously approved supervisor: _____

End date, if applicable, with previous supervisor: _____

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

Name _____ Email _____

Agency _____

Address _____

Home Phone _____ Work Phone _____

Kansas Clinical License Number _____ Issue date _____ Expiration date _____

Are you currently, or have you previously been licensed as an addiction counselor 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 Addiction Counselor 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, please explain fully in an attached, signed statement.

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

Please read K.A.R. 102-7-6 before answering the following questions.

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 addiction counseling 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 addiction counseling or delivery of addiction counseling 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 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 your answer is no, please answer A - F:

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 _____

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

7. Will you perform the following?

- A. Provide oversight, guidance, and direction of the supervisee's clinical practice of addiction counseling by assessing and evaluating the supervisee's performance? Yes ____ No ____
- B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or addiction 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 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 addiction 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. Have you read the supervisee's previously approved training plan? Yes ____ No ____

10. Do you agree to provide supervision in accordance with the supervisee's previously approved training plan? Yes ____ No ____

4. Supervisor and Supervisee 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 the original training plan and this amendment meets the training requirements as outlined in statute and regulation, including the requirements for the provision of treatment and assessment as well as the required supervision. We also attest that the previously submitted 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, and any other individual to whom either is professionally accountable.

Signature of Supervisor Date

Signature of Supervisee Date

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 contact the Board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at: ksbsrb.ks.gov