

Behavioral Sciences Regulatory Board
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Laura Kelly, Governor

Training Plan Amendment – New/Additional Work Site Addiction Counseling

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 work site or you are notifying the Board of any change to an approved work site.

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 _____
Home Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____ (Optional)
Email _____

2. Information regarding the new/additional employment site:

- A. Submit the supervisee's official position description, for this work site, with the amendment.
- B. Is this a new, additional, or change to a previously approved work site? _____
- C. If a change to a previously approved work site, describe the change: _____
- D. End date of employment from previously approved training plan work site: _____
- E. Date new/additional employment began: _____
- F. Name of Agency and address where the supervisee will be accruing hours towards the LCAC:
- Agency _____
Address _____
City, State, Zip _____ Phone _____
- Title of supervisee's position in this supervised setting _____
- Will you be providing services to clients physically located outside Kansas? Yes _____ No _____
If yes, are you licensed in the state where the client is located? Yes _____ No _____
If yes, is your clinical supervisor clinically licensed in the state where the client is located? Yes _____ No _____
- G. Will the supervisee be involved in the process of providing a diagnostic impression for clients?
Yes _____ No _____

