

## FILING OF CLINICAL SUPERVISION TRAINING PLAN

To begin accruing hours toward the LCMFT you must submit a training plan for approval to the Board.

- 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) will need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-5-7a, for the supervision requirements for a clinical license. All statutes and regulations may be found on our website [ksbsrb.ks.gov](http://ksbsrb.ks.gov)
- Your supervisor must be an LCMFT and a board-approved supervisor.
- Attach with your training plan an official job description for any position that you intend to use to accrue hours towards the LCMFT. If your work site is a private practice, you may write your own.
- **Note:** An approved training plan is not required to see clients or provide clinical services. You must, however, **always** be under direction or supervision, until you are clinically independently licensed. (This information was provided when your LMFT license was issued.) When a training plan is submitted, it may take up to 30-45 days for review and approval. If the training plan is approved, the approval date (the start date for accruing hours) will be as of the date it was received in the Board office. An approval will be emailed to you and any approved clinical supervisor(s).
- You must be under supervision and accrue hours towards the LCMFT for a minimum of 24 months.
- You will be notified in writing by the Board office within 30-45 days regarding approval of your training plan. If you have not received notification within 30-45 days, please contact the board office.
- Any changes to the approved training plan must be submitted in writing **within 45 days of the change** or the hours accrued prior to notification will not be accepted.
- Once all the supervision requirements have been completed you may apply for the LCMFT and take the exam at any time. You are not required to apply for the LCMFT or take the exam within a specified amount of time.
- Return the training plan to the BSRB by postal mail to the address above or by email to [bsrb@ks.gov](mailto:bsrb@ks.gov) **Do not submit the training plan by fax.**

Behavioral Sciences Regulatory Board  
700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929

David B. Fye, JD, Executive Director



Phone: 785-296-3240

Fax: 785-296-3112

[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

Laura Kelly, Governor

## Clinical Supervision Training Plan Licensed Marriage and Family Therapist

No hours may be accrued toward the LCMFT 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.

Each supervisor(s) with whom the supervisee will be accruing hours towards the LCMFT 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 \_\_\_\_\_

License number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

### 2. Information regarding the Supervision Setting: [Completed by supervisee]

*Section 2 must be completed for each work site and position where you will be accruing hours toward the LCMFT.*

Work site and address where you will be will accruing hours towards the LCMFT.

Work Site \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Attach an official position description for each position that will be used to accrue hours towards the LCMFT**

**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. 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

**2. Psychotherapy**

Will the supervisee, under the supervision of the supervisor, provide psychotherapy to clients? Yes No  
If no, the training plan cannot be approved.

**3. Will the supervisee meet the minimum requirements in no fewer than two years? Yes No**

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

- a. Will the supervisee meet for supervision at least twice a month, one of which must be individual supervision? Yes No
- b. Will the supervisee meet for one hour of supervision for every 15 hours of direct client contact? Yes No
- c. Will the supervisee accrue a minimum of 50 hours of individual supervision? Yes No
- d. Will the supervisee participate in group supervision? Yes No  
If yes, will there be six or fewer LMFT supervisees? Yes No
- e. Will the supervisee accrue a minimum of 100 hours of supervision? Yes No
- f. 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.

**5. 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**

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

**7. 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**

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

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

**10. Will the supervisee be providing services to clients who are not physically located in the state of Kansas at the time services are provided? Yes No**

**11. If yes, is the supervisee licensed in the state where the client is located? Yes No**

**12. If yes, is the clinical supervisor clinically licensed in the state where the client is located? Yes no**

**Please provide answers to questions 13-18 on a separate sheet of paper:**

**13.** Describe the format and schedule for supervision.

**14.** Clients

a. Describe the clients to whom the supervisee will be providing services.

b. What services will the supervisee be providing to clients?

**15.** Review the definition of clinical marriage and family therapy practice below (KAR 102-5-1 (c)) 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 – 6 must be provided.

(c) "Clinical marriage and family therapy practice" means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following:

(1) Assessment;

(2) diagnosis of mental disorders;

(3) planning of treatment, which may include psychotherapy and counseling;

(4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;

(5) consultation; and

(6) evaluation, referral, and collaboration.

**16.** Outline the supervisees responsibilities in relation to these goals and objectives.

**17.** Outline the supervisor's responsibilities in relation to these goals and objectives.

**18.** Describe the contingency plans for missed supervision sessions, and supervision if the approved clinical supervisor is unavailable. **Provide the 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 LCMFT 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 LCMFT unless he/she is approved by completing section 4,5 and 6 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 LCMFT must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.**

Each supervisor with whom the supervisee will be accruing hours towards the LCMFT must complete sections 4,5, and 6.

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

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

Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

License Type \_\_\_\_\_ License Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you a BSRB Board approved LCMFT supervisor? Yes No  
If not, you must submit the paperwork to be approved before you can provide clinical supervision.

Were you or are you licensed at the clinical independent level in a state prior to Kansas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state of licensure \_\_\_\_\_ License type \_\_\_\_\_

Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you practiced clinical marriage and family therapy for a minimum of two years? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If not, 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 yes, please explain fully in an attached, signed statement.**

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

**Please read K.A.R. 102-5-7a before answering the following questions.**

1. Per K.A.R. 102-5-7a(d)(1) - Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical marriage and family therapy? 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 not, please answer A - E:**

A. Do you have a solid understanding of the practice setting's mission, policies, and procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? 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 clinical marriage and family therapy by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy 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 supervision in accordance with the clinical supervision training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

G. Provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience? Yes \_\_\_\_\_ No \_\_\_\_\_

H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

I. Ensure that each client knows that the supervisee is practicing clinical marriage and family therapy 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, 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

**You should receive a written response regarding your clinical training plan 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](http://ksbsrb.ks.gov)**