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

Behavioral Sciences
Regulatory Board

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latory Board www.ksbsrb.ks.gov

Laura Kelly, Governor

David B. Fye, JD, Executive Director

INSTRUCTIONS FOR BECOMING AN APPROVED SUPERVISOR

Any Licensed Clinical Marriage and Family Therapist (LCMFT) who is providing postgraduate clinical supervision to a Licensed Marriage and Family Therapist (LMFT) working under a pre-approved clinical training plan must be a board-approved clinical supervisor.

The requirements to become a board-approved clinical supervisor are found in K.S.A. 65-5414

- 1) Is currently licensed as a Clinical Marriage and Family Therapist and has practiced as a clinical marriage and family therapist for two years beyond the supervisor's licensure date;
- 2) Does not have any disciplinary action that would prohibit providing clinical supervision;
- 3) Has completed the minimum number of semester hours of coursework related to the enhancement of supervision skills approved by the board; **or**
- 4) Has completed the minimum number of continuing education hours related to the enhancement of supervision skills approved by the board.

The training requirements are found in K.A.R. 102-5-7b. This training shall include either 15 hours of continuing education (which includes 8 hours of supervision of supervision and 7 hours of continuing education in supervision training) or one semester credit hour of a graduate-level course on supervision or the academic equivalent at an accredited college or university approved by the board.

The training required for the AAMFT approved supervisor designation covers all of the content areas required to meet the requirements for a BSRB board-approved clinical supervisor. The AAMFT approved supervisor designation is <u>not</u> required to become a Board-Approved Supervisor through BSRB.

Application Instructions

- 1) Type or print your responses in black ink.
- 2) If you have completed the 15 hours of continuing education, you must also submit the following:
 - a. A letter from the person who provided your supervision, attesting to the 8 hours of supervision of supervision.
 - b. A certificate of attendance for each continuing education training that you attended. Please include the agenda and the learning objectives from each supervisor training.
- 3) If you have taken one credit hour, or the academic equivalent, of a graduate-level course on supervision, you must submit your transcript (no copies) as verification this course has been completed. If the course is listed on the transcript in your licensure file, you are not required to submit a new transcript.
- 4) If you have the AAMFT approved supervisor designation, include a copy of your AAMFT approved supervisor approval i.e. a letter, certificate, etc.

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APPLICATION FOR LCMFT BOARD-APPROVED CLINICAL SUPERVISOR

I. <u>Identifying Information:</u> (Please type or print clearly in ink)						
Leç	gal Name:					
	Last	First		Middle		
Ма	iden/Other names used:		Gender:			
Dat	te of Birth:	License Number:	Lice	nse Issue Date		
Pre	Preferred E-Mail Address:					
Preferred Mailing: Home Business License Type and Issue Date						
Home Phone: Cell Phone (optional):						
Но	Home Address:Apartment Number:					
City	y:		State:	Zip+4:		
Business Phone: Business Name:						
Bu	Business Address:Suite Number:					
City	y:		State:	Zip+4:		
II.	Supervisor Training Info	rmation: (Please mark "Yes" or "No) ")			
A.	A. Have you completed 15 hours of continuing education on supervisor training? Yes No If "Yes", please include the certificate of attendance, the agenda and the learning objectives for each training(s) with your application.					
В.	B. Did you complete one credit hour of a graduate-level course on supervision? Yes No If "Yes", please include the transcript showing completion of the course with your application unless the transcript is already on file with the BSRB.					
C.	C. Do you hold the AAMFT approved supervisor designation? (this training covers all content areas required for BSRB credentialing)					
	Yes No If "Y	'es", please include a copy of your	approval. (letter, ce	rtificate, etc.)		
III.		Content Requirements: (Please in the supervisor training.	mark "Yes" or "No	o") All the content areas		

Did you receive at least 8 hours of hands on supervision of supervision: Yes No

before or after the rest of the training requirements for a board-approved clinical supervisor.

A. <u>Hands-on Practice in Supervision - consisting of at least eight hours</u>: this portion of your training must be completed in supervision of supervision. The supervision of supervision may be completed either

В.	B. Classic and Postmodern Systemic Supervision Models: includes training that covers the supervisor's role on clarifying/processing various models of supervision to include, but not limited to, systemic models.						
	Was this topic covered in your training:	Yes	No				
C.	C. <u>Ethical and Legal Issues, Including Risk Management</u> : includes training that covers the responsibility and liability issues of both the supervisor and supervisee. A review of state statutes pertaining to the law, supervision and therapy as well as the MFT code of ethics.						
	Was this topic covered in your training:	Yes	No				
D.	 Culture and Context in Supervision: in the influence of individual and developme Gender, race and ethnic issues. 	ncludes trair ental differen	ning that covers in cultural competence and nees that can impact the supervision process.				
	Was this topic covered in your training:	Yes	No				
E.			ers setting the boundaries and expectations in the is forms, supervisee evaluations and the length of				
	Was this topic covered in your training:	Yes	No				
F.	F. The Importance of a Positive Working Relationship Between the Supervisor and Supervisee: includes training that covers respecting the needs of the supervisee, the ability to assess general overall functioning, how to handle disagreements in supervision and mental wellbeing of the supervisee.						
	Was this topic covered in your training:	Yes	No				
	G. Kansas Marriage and Family Therapist Statutes and Regulations: includes training that covers the statutes and regulations that govern the profession of marriage and family therapy in the State of Kansas.						
	Was this topic covered in your training:	Yes	No				
IV.	Applicant's Attestation:						
I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and board-approved supervisor status may be used to conduct research or program evaluation, provided the research does not personally identify me, directly or indirectly.							
Applic	cant's Signature		Date of Application				