

Training Plan Amendment – New/Additional Supervisor Clinical Psychotherapist

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 training plan 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: (To be completed by supervisee)

Name	LMLP Number			
Home Address				
City, State, Zip	Home Phone			
Cell Phone En (Optional)	nail			
Work Site				
Work Site address				
Is this your previously approved worksite for your clinical training plan? Yes No Yes No Yes No Yes Yes No Yes Yes No Yes No Yes				
Please specify whether this is a new (this will be your	only) or an additional supervisor			
Date to begin supervision:				
Name of previously approved supervisor	······································			
End date, if applicable, with previous supervisor:				
2. Information regarding new supervisor:	[To be completed by Supervisor(s)]			
Name				
Address				
Phone	_ Email			
KS License type and Number	State			
Initial issue date of license	Expiration date			

Have you practiced as a clinical psychotherapist for a minimum of two years beyond the date of clinical licensure? (Licensed Psychologist may skip this question) Yes No_____ No_____ *If your answer is "No," you are not eligible to be a clinical supervisor.*

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action	imp	rrently under disciplinary investigation, sanction, or practice limitation of osed by a state credentialing board or professional organization? swer is "Yes," please explain fully in an attached, signed statemen	r any o Yes		
3. Info	rma	tion regarding the supervisory relationship: [To be completed by \$	Superv	/isor(s)]	
Please	e rea	ad K.A.R. 102-4-7a(c) <u>before</u> answering the following questions.			
1. Per K.A.R. 102-4-7(c)(1) - Do you have professional authority and responsibility for the supervise clinical functioning in the practice of masters level psychology?					
omnou	Tan		Yes _	No	
2. Do y	/ou	have a dual relationship with the supervisee?	Yes_	No	
3. Do y	/ou	have knowledge of and experience with the supervisee's client population		No	
4. Do y employ		have knowledge of and experience with the methods of practice that the		visee will No	
		have an understanding of the organization and administrative policies a 's practice setting?		cedures of the No	
6. Are	you	a staff member of the practice setting?	Yes _	No	
		If not, please answer A - E:			
	Α.	Do you have a sound understanding of the practice setting's missions, procedures?		s, and No	
	В.	Is the extent of your responsibility for the supervisee clearly defined in to be supervised, role in personnel evaluation within the practice setting of the clinical supervision training plan?	g, and		
	C.	Is the responsibility for payment of supervision clearly defined?	Yes _	No	
	D.	Is the supervisee paying the supervisor directly for supervision?	Yes _	No	
	Е.	Does the supervisor maintain responsibility to the client and the practic	e settii	ng?	
			Yes _	No	
7. Will	you	perform the following?			
	Α.	Provide oversight, guidance, and direction of the supervisee's clinical p level psychology by assessing and evaluating the supervisee's perform	nance?		
	В.	Conduct supervision as a process distinct from personal therapy, didac masters level psychology consultation?		ruction, or No	
	C.	Provide documentation of supervisory qualifications to the supervisee?	Yes _	No	
	D.	Periodically evaluate the supervisee's clinical functioning?	Yes _	No	

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E.	Provide supervision in accordance with the clinical supervision training		No	
F.	Maintain documentation of supervision in accordance with the clinical plan?		ision training No	
G.	Provide the documentation required by the board when a supervisee of postgraduate supervised professional experience?		tes the No	
H.	Provide a level of supervision that is commensurate with the education and ability of both the supervisor and supervisee.		ng, experience, No	
I.	Ensure that each client knows that the supervisee is practicing master under supervision?		psychology No	
	have a thorough knowledge and understanding of BSRB statutes and rements of post graduate supervision for the supervisee's profession?			
9. Have y	ou read the supervisee's previously approved training plan?	Yes _	No	
10. Do yo training pl	u agree to provide supervision in accordance with the supervisee's prev an?		approved No	

IV. 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 psychotherapy 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 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: <u>ksbsrb.ks.gov</u>

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