

## Training Plan Amendment – New/Additional Supervisor Professional Counselors

**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.**

### **I. Information regarding supervisee:**

Name \_\_\_\_\_ LPC Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Optional)

Work Agency \_\_\_\_\_

Work Agency Address \_\_\_\_\_

Is this a previously approved worksite for your clinical training plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If “NO,” you will also need to complete the Training Plan Amendment form for a new worksite.

Is this a new or an additional supervisor? \_\_\_\_\_

Date to begin supervision: \_\_\_\_\_

Name of previously approved supervisor: \_\_\_\_\_

End date, if applicable, with previous supervisor: \_\_\_\_\_

### **II. Information regarding new supervisor: [Completed by supervisor(s)]**

Name \_\_\_\_\_

Are you a BSRB Board approved LCPC supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, you are not eligible to provide clinical supervision).

Address \_\_\_\_\_ work  or home

Phone \_\_\_\_\_ Email \_\_\_\_\_

Professional credentials: Degree \_\_\_\_\_ Conferred on \_\_\_\_\_

Kansas License type and Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you currently, or have you previously been clinically licensed in a state other than Kansas? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, licensed type: \_\_\_\_\_ state: \_\_\_\_\_ Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

License number \_\_\_\_\_ Original issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Does this license authorize the supervisor to practice independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you practiced clinical professional counseling for a minimum of two years beyond the date your clinical license was issued? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered "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 you answered "Yes," please explain fully in an attached, signed statement.**

**III. Information regarding the supervisory relationship: [To be completed by Supervisor(s)]**

**Please read K.A.R. 102-3-7a before answering the following questions.**

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical professional counseling? 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 the following four questions:**

A. Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, and role in personnel evaluation within the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is the responsibility for payment of supervision clearly defined? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Is the supervisee paying the supervisor directly for supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

D. 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 professional counseling by assessing and evaluating the supervisee's performance? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional 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 \_\_\_\_\_

