

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 _____

