

Training Plan Amendment – New/Additional Work Site Social Work

This form should only be used if you have an approved training plan on file with the BSRB and you have changed work sites, are adding an additional worksite, or you are notifying the Board of any change to an approved work site.

I. Information regarding supervisee:

Name _____ LMSW Number _____
Home Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____ (Optional)
Email _____

II. Information regarding the new/additional/change to employment site:

- A. Submit the supervisee's official position description, for this work site, with the amendment.
- B. Indicate if this is a new or additional work site or change to an approved work site _____
- C. If a change, describe the change. _____
- D. End date of employment from previously approved work site: _____
- E. Date new/additional or employment change began: _____
- F. Name of Agency and address where the supervisee will be accruing hours towards the LSCSW
Agency _____
Address _____
City, State, Zip _____ Phone _____
- Title of supervisee's position in this supervised setting _____
- Will you be working at any time outside the State of Kansas? Yes _____ No _____
- If yes, is your clinical supervisor clinically licensed in the state in which you will be working? Yes _____ No _____
- G. Will the supervisee be involved in the process of diagnosing clients? Yes _____ No _____
****If answer is yes, please describe how. ****

