

INSTRUCTIONS FOR FILING OF CLINICAL SUPERVISION TRAINING PLAN

To begin accruing hours toward the LSCSW you must submit a training plan for approval to the Board.

The Board strongly recommends that you receive a broad-based, varied work experience during your supervised postgraduate experience.

- There is no fee to file a Clinical Supervision Training Plan.
- The Clinical Supervision Training Plan needs to be completed by you and your supervisor(s).
- You and your supervisor(s) need to read the statutes and regulations prior to completing the training plan. Please see K.S.A. 65-6306, K.A.R. 102-2-8(d) and 102-2-12 for supervision requirements and clinical licensure requirements. The statutes and regulations may be found on our website ksbsrb.ks.gov
- **Note:** An approved training plan is not required to see clients or provide clinical services. You must, however, **always** be under direction or supervision, until you are clinically independently licensed. (This information was provided when your LMSW license was issued.) When a training plan is submitted, it may take up to 30-45 days for review and approval. If the training plan is approved, the approval date (the start date for accruing hours) will be as of the date it was received in the Board office. An approval will be emailed to you and any approved clinical supervisor(s).
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the Board office.
- The Board must be notified in writing of any changes to the approved training plan **within 45 days of the change** or the hours accrued prior to notification will not be accepted.
- All supervised clinical experience requirements must be completed in not less than two years.
- Once all the supervision requirements have been completed you may submit a LSCSW application.
- 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.
- **Before you submit your training plan, please check that you have completed the following:**
 - Official Position Description for all worksites are attached. (If your worksite is a private practice, you must write your own)
 - Both supervisor and supervisee sign the Supervisor and Supervisee Attestation.
 - Written Questions are the same as the questions within this packet.
 - All fields are completed, and all questions are answered.

Clinical Supervision Training Plan Social Work

No hours may be accrued toward the LSCSW without an approved training plan. The training plan approval date will be backdated to the date the training was received in the Board office, provided the plan is approved.

The supervisee shall complete sections 1 and 2

The supervisor together with the supervisor(s) shall complete sections 3 and 6.

Each supervisor(s) with whom the supervisee will accrue hours towards the LSCSW shall complete sections 4 and 5.

1. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____

Home Phone _____ Cell Phone _____
(Optional)

Home Address _____

City, State, Zip _____

LMSW number _____ Issue date _____ Expiration date _____

2. Information regarding the Supervisee's work site: [Completed by supervisee]

Section 2 must be completed for each work site and position where you will be accruing hours toward the LSCSW.

Work site where you will be accruing hours toward the LSCSW.

Agency/work site _____

Address _____

City, State, Zip _____

Phone _____ Title in this supervised setting _____

- **Please attach an official position description for each position that will be used to accrue hours towards the LSCSW**

3. Information regarding Supervision Training Plan: [Completed by supervisee and supervisor(s) together]

If the answer to any of these questions is no, provide an explanation on a separate page.

1. Clinical Master's Degree Practicum

a. Did the supervisee complete a clinical master's degree practicum? Yes No

2. Diagnosis

a. Will the supervisee be diagnosing or completing diagnostic impressions for clients under the supervision of the supervisor? Yes No

b. Will the supervisee be using the DSM-5 to diagnose or complete diagnostic impressions for clients? Yes No

3. Psychotherapy

Will the supervisee provide psychotherapy to clients under the supervision of the supervisor? Yes No

If no, the training plan cannot be approved.

4. Will the supervisee meet the minimum requirements in no fewer than two years? Yes No

5. Does the supervisee have a plan in place indicating how either party will terminate the supervisory relationship should that be necessary prior to completion of the LSCSW hours accrual? Yes No

6. Answer the following questions regarding supervision:

a. Will the supervisee meet for supervision at least twice a month, one of which must be individual supervision? Yes No

b. Will the supervisee meet for one hour of supervision for every 15 hours of direct client contact? Yes No

c. Will the supervisee accrue a minimum of 50 hours of individual supervision? Yes No

d. Will the supervisee participate in group supervision? Yes No

If yes, will there be six or fewer LMSW supervisees? Yes No

e. Will the supervisee accrue a minimum of 100 hours of supervision? Yes No

f. Will any supervision occur via interactive televideo? Yes No

If yes, is the platform technologically secure? Yes No

Note: The format of supervision must be noted as part of the supervisor's attestation.

7. Will both the supervisee and the supervisor document the supervision meetings (to include date and length) in writing in a way that can be reviewed by the Board if requested? Yes No

8. Will the supervisee receive regular, and periodic evaluations? Yes No

9. Will the supervisee notify the clients in writing that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the approved supervisor? Yes No

10. Will the supervisee notify the Board in writing of **any changes** to the approved training plan within 45 days of the change? Yes No

11. Is there a plan in place to remediate conflicts between the supervisee and the supervisor? Yes No

12. Will the supervisee be providing services to clients who are not physically located in the state of Kansas at the time services are provided? Yes No

a. What State will you be providing services in? _____

b. If yes, is the supervisee licensed in the state where the client is located? Yes No

13. If yes, is the clinical supervisor clinically licensed in the state where the client is located? Yes No

Please provide answers to questions 15-20 on a separate sheet of paper:

14. Describe the format and schedule of supervision.

15. Clients

a. Describe the clients to whom the supervisee will be providing services.

b. What services will the supervisee be providing to clients?

16. Review the definition of clinical social work below (KAR 102-2-1a (e)) list the clinical supervision goals and briefly describe how the supervisee will attain those goals. Additional goals may be provided, however, goals based upon numbers 1 – 7 must be provided.

(e) “Clinical social work practice” means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work shall include the following:

(1) Assessment;

(2) diagnosis;

(3) treatment, including psychotherapy and counseling;

(4) client-centered advocacy;

(5) consultation;

(6) evaluation; and

(7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

17. Outline the supervisees responsibilities in relation to these goals and objectives.

18. Outline the supervisor’s responsibilities in relation to these goals and objectives

19. Describe the contingency plans for missed supervision sessions, and supervision if the approved clinical supervisor is unavailable. **Provide the name of emergency supervisor (required).**

An emergency supervisor is someone you would contact in an emergency or crisis if you could not contact your approved clinical supervisor. He/she can be anyone who is clinically licensed since the supervisee will not be accruing any supervision towards the LSCSW with this person.

A back up supervisor is someone with whom the supervisee would meet for supervision if the approved clinical supervisor is unavailable, either because of an unplanned or extended absence. This person must be approved in writing by the Board.

Note: Anyone whose name is provided in answering this question is NOT automatically approved to provide supervision. No hours accrued under this supervisor (or supervisors) may be used toward the required hours for the LSCSW unless he/she is approved by completing sections 4,5, and 6 of the training plan or by submitting a training plan amendment after the training plan has been approved. Any supervisor with whom you wish to accrue hours towards the LSCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

Each clinical supervisor with whom you will be accruing hours towards the LSCSW must complete sections 4, 5 & 6.

4. Information regarding supervisor: [Completed by supervisor(s)]

Name _____ Email _____

Agency _____

Address _____

Home Phone _____ Work Phone _____

Kansas LSCSW Number _____ Issue date _____ Expiration date _____

Are you currently, or have you previously been licensed as a clinical social worker in a state other than Kansas?
Yes _____ No _____

If yes, state: _____ Is license current? Yes _____ No _____

License Number: _____ Original Issue date: _____ Expiration date: _____

Have you practiced in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical social work licensure? Yes _____ No _____

If your answer is 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 your answer is yes, explain in an attached, signed statement.

5. Information regarding the supervisory relationship: [Completed by supervisor(s)]

Please read K.A.R. 102-2-8(d) prior to answering the following questions.

1. Per K.A.R. 102-2-8(d)(3)(B) –

A. Are you aware, as a clinical supervisor of a licensee who is seeking clinical licensure, that you have full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? Yes _____ No _____

B. Do you accept as a clinical supervisor of a licensee who is seeking clinical licensure, in full or in part, professional responsibility for the supervisee's practice of clinical social work or delivery of social work services? 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 understand 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 your answer is no, please answer the following five questions:

A. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised? Yes _____ No _____

B. Is the extent of your role in personnel evaluation within the practice setting clearly defined? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying you directly for supervision? Yes _____ No _____

E. 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 social work by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic (classroom) instruction, or social work consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

E. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee. Yes _____ No _____

F. Ensure that each client knows that the supervisee is practicing social work under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

6. Supervisor's and Supervisee's Attestation:

We, the undersigned supervisee, and supervisor/s, 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 this plan 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 forgoing 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, or any other individual to whom either is professionally accountable.

Signature of Supervisor Date

Signature of Supervisee Date