

Training Plan Amendment – New/Additional Supervisor Social Work

This form should only be used if you have an approved training plan on file with the BSRB and you are changing to a new supervisor or adding an additional supervisor. Return the amendment to the address above or by email to bsrb@ks.gov

1. Information regarding supervisee:

Name _____ LMSW Number _____

Email _____ Phone _____

Work Agency _____

Work Agency Address _____

Is this a previously approved work site for your clinical training plan? Yes _____ No _____

If "NO," you will also need to complete the Training Plan Amendment form for a new work site.

A. Is this a new or additional supervisor? Check One:

- New (ending one Supervisor and starting another): End Date: _____
 - Name of previously approved supervisor: _____
 - Start date of supervision: _____
- Additional (adding a supervisor to the approved plan): Date of Addition: _____

2. 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 social work clinical 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, please fully explain in an attached, signed statement.

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

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

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 supervisees practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If your answer is no, please answer A - F:

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 _____

F. Do you have a complete understanding of the practice setting's mission, policy and procedures? Yes _____ No _____

