

Behavioral Sciences Regulatory Board
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Laura Kelly, Governor

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, for example a new position at an approved site.

Return the amendment to the address above or by email to bsrb@ks.gov

1. Information regarding supervisee:

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

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

A. Submit the supervisee's official position description for this work site with the amendment.

B. Is this a new or additional work site? Check One:

- New (ending a worksite and starting another) End Date: _____
- Additional (adding a worksite to the approved plan) Date Addition Began: _____

C. If there is a change, describe the change. _____

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

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

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

E. Will the supervisee be involved in the process of diagnosing clients? Yes____ No____

F. Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients?
Yes____ No____

3. Information regarding supervisor:

A. Name of your clinical supervisor: _____

B. Clinical supervisor contact information (email and phone) _____

C. Is this a previously approved supervisor for your clinical training plan? Yes____ No____

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

Answer the following questions on a separate sheet of paper:

1. Will the supervisee be using the DSM-5 in diagnosing clients?
2. Please list some specific diagnoses the supervisee is expected to treat.
3. What are the anticipated types of clients to whom the supervisee will be providing services?
4. What services will the supervisee be providing to clients?
5. What are some theories of psychotherapy the supervisee plans to use in treating clients?
6. Describe the plan for notifying the clients that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for the supervisor.
7. Please provide any additional changes on a separate sheet of paper.

4. Supervisor’s and Supervisee’s Attestation

We, the undersigned supervisee, and supervisor, acknowledge that we have both read and agree to all aspects of this amended training 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

You should receive a written response regarding your clinical training plan amendment from the Board office within 30 days. If you have not received a response within 30 days from submission, please contact the Board office.

Attention supervisors, for additional information regarding clinical supervision, please see the website at:
ksbsrb.ks.gov