



Behavioral Sciences Regulatory Board

Protecting and serving consumers of behavioral science services

The mission of the Behavioral Sciences Regulatory Board (BSRB), in accordance with the intent of the Kansas Legislature, is to protect and serve the consumers of services offered by BSRB licensees, through the issuance of licenses, resolution of complaints and the creation of appropriate regulations, accomplished through efficiency, fairness and respect to all those involved.

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Guidelines for Clinical Social Work Supervision

“A Guide for the Licensed Specialist Clinical Social Worker Supervisor”

Table of Content

1. Guidelines for Clinical Social Work Supervision – Purpose	Page 3
2. Acknowledgement	Page 4
3. LSCSW Clinical Supervision and Licensure Statutes and Regulations	Page 5
4. LSCSW Supervision Process and Forms	Pages 6-10
4a. Definition of LSCSW Clinical Supervision	Page 6
4b. Role of LSCSW Clinical Supervisor	Page 6
4c. Definition of LSCSW Clinical Practice	Page 7
4d. Legal Responsibilities & Liability Risk for LSCSW Clinical Supervision	Pages 8-9
4e. LSCSW Clinical Supervision Training Plan	Page 9
4f. LSCSW Clinical Supervision Hour Summary	Pages 9-10
4g. Training Plan Amendment-New/Additional Supervisor/Work	Page 10
5. Timeline Example for Clinical Supervision	Pages 10-12
6. LSCSW Application Information	Page 12
7. Common Questions Asked/Answers	Page 12
8. How to Write a Clinical Supervision Training Plan	Page 13-14
9. Training Plan Resources for LSCSW Clinical Supervisors	Page 14
10. Sample Forms	Pages 15-17
- Supervision Log	Page 15
- Supervision Meeting form	Page 16
- Notification to Clients – Working Under Supervision	Page 17

1. Guidelines for Clinical Social Work Supervision - Purpose

This document is provided by the Kansas Behavioral Sciences Regulatory Board (BSRB) to assist those individuals providing supervision toward clinical license. The intent of this document is to provide information regarding the BSRB's authority as it relates to clinical supervision for the Licensed Specialist Clinical Social Worker (LSCSW) candidates, and requirements to assist LSCSW clinical supervisors in their role with their respective supervisee(s). Refer to www.ksbsrb.ks.gov for the most current version of all statutes and regulations.

The following guidelines are intended to provide guidance to supervisors and supervisees for postgraduate supervision of licensees who intend to apply for licensure as an LSCSW. These guidelines constitute a guidance document in accordance with Kansas Statutes Annotated (K.S.A.) 77-438 and have been drafted in consideration of the Social Workers Licensure Act, K.S.A. 65-6301 et seq. and regulations promulgated by the Board, including Kansas Administrative Regulation (K.A.R.) 102-2-8, and the National Association of Social Workers (NASW) Code of Ethics and best practices. However, these guidelines are not the result of formal rulemaking, do not have the force and effect of law and do not create binding precedent. By adopting these guidelines, the Board does not limit itself in reviewing the supervisory relationship and the Board expressly reserves the right to deviate from these guidelines if and when warranted by the circumstances or the applicable law, upon reasonable explanation from the Board. In the event of a conflict between these guidelines and the applicable law, the applicable law controls. Reference should be made to the applicable law, including K.A.R. 102-2-8, relating to the required elements of supervision. The Board should review these guidelines as statutes and regulations change, and the Board expressly reserves the right to amend these guidelines from time to time without notice to any affected supervisor or supervisee.

2. Acknowledgement

The Board would like to express its sincere appreciation to those individuals who served on the sub-committee that originally created the Guidelines for Clinical Social Work Supervision and the individuals that updated the Guidelines for Clinical Social Work Supervision in 2025. Their efforts to provide a useful resource for clinical social work supervisors and supervisees are greatly appreciated.

The following individuals served on the original Sub-Committee that created the Guidelines for Clinical Social Work Supervision:

Carolyn Szafran, LCSW, and Marcia Simoneau, LCSW, former Social Work Board Members and former Co-chairs of the Advisory Committee

Carl Myers, former LCSW, and Sheri Hilger, LCSW, former Social Work Advisory Committee Members

Max L. Foster, former BSRB Executive Director

Leslie Allen, BSRB Assistant Director/Licensing Manager

Joan Hahn, BSRB Licensing Specialist and Special Investigator

The following individuals revised the Guidelines for Clinical Social Work Supervision in 2025:

Cynthia Schendel, LCSW, Social Work Board Member, Co-chair of the Advisory Committee

Eric Schoenecker, LCSW, Social Work Advisory Committee Member

Leslie Allen, BSRB Assistant Director/Licensing Manager

Joan Hahn, BSRB Licensing Specialist and Special Investigator

Tyla Wadsworth, BSRB Licensing Specialist

Tim Resner, JD, Legal Counsel for the Board

3. LSCSW Clinical Supervision and Licensure Requirements - Statutes and Regulations

The title of each document in this manual is a link to the online document

a. BSRB Statutes - *Click on a link below to view the statute on the website*

[65-6302 - Definitions](#)

[K.S.A. 65-6306 - Qualification for licensure](#)

[K.S.A. 65-6319 - Diagnosis of Mental Disorders by certain licensed social workers](#)

b. BSRB Regulations - *Click on a link below to view the regulation on the website*

[K.A.R. 102-2-1a. - Definitions](#) – *Subsection (e) is the definition of clinical social work practice*

[K.A.R. 102-2-2a. - Application for licensure](#)

[K.A.R. 102-2-3 - Fees](#)

[K.A.R. 102-2-7 - Unprofessional Conduct](#)

[K.A.R. 102-2-8 - Supervision](#) – *Supervision requirements for LSCSW STARTS with subsection (d)*

[K.A.R. 102-2-12 - LSCSW licensure requirements](#)

[K.A.R. 102-2-14 - Designation of referral source for use in the diagnosis and treatment of mental disorders authorized](#)

[Click this link to view the website page where all social work statutes and regulations are listed.](#)

4. LSCSW Supervision Process and Forms

Licensure Statutes and Regulations

a. Definition of LSCSW Clinical Supervision

BSRB statutes and/or Regulations

[K.A.R. 102-2-1a](#) Definitions (bb) “Social work supervision” means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of social work.

b. Role of LSCSW Clinical Supervisor

BSRB Statutes and/or Regulations

[K.S.A. 65-6319](#) **Diagnosis and treatment of mental disorders by certain licensed social workers authorized.** The following licensed social workers may diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations: (a) A licensed specialist clinical social worker, and (b) a licensed master social worker who engages in the practice of social work only under the direction of a licensed specialist clinical social worker, a licensed psychologist, a person licensed to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of mental disorders. When a client has symptoms of a mental disorder, a licensed master social worker shall consult with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived and such request shall be made a part of the client's record. A licensed master social worker may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived.

c. Clinical Social Work Practice

BSRB Statutes and/or Regulations

DEFINITIONS:

[K.A.R. 102-2-1a \(e\)](#) (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.

[K.A.R. 102-2-1a \(i\)](#) (i) "**Direct client contact**" means the provision of social work services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

[K.S.A. 65-6302 \(b\)](#) "**Social work practice**" means the professional activity of helping individuals, groups or communities enhance or restore their capacity for physical, social and economic functioning and the professional application of social work values, principles and techniques in areas such as psychotherapy, social service administration, social planning, social work consultation and social work research to one or more of the following ends: Helping people obtain tangible services; counseling with individuals, families and groups; helping communities or groups provide or improve social and health services; and participating in relevant social action. The practice of social work requires knowledge of human development and behavior; of social, economic and cultural institutions and forces; and of the interaction of all these factors. Social work practice includes the teaching of practicum courses in social work and includes the diagnosis and treatment of mental disorders as authorized under K.S.A. 65-6306 and 65-6319, and amendments thereto.

[K.S.A. 65-6302 \(c\)](#) "**Psychotherapy**" means the use of psychological and social methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation to acquire greater human realization of psychosocial potential and adaptation; to modify internal and external conditions which affect individuals, groups or communities in respect to behavior, emotions and thinking, in respect to their intra-personal and inter-personal processes. Forms of psychotherapy include but are not restricted to individual psychotherapy, conjoint marital therapy, family therapy and group psychotherapy.

d. Legal Responsibilities and Liability Risk for LCSW Clinical Supervision

BSRB Statutes and/or Regulations - *This is a partial list. Check with your professional liability insurance to make sure you are covered.*

[K.S.A. 65-6311](#). **Grounds for suspension, limitation, condition, revocation or refusal to issue or renew license; procedure; licensure of applicant with felony conviction; requirements.** (a) The board may refuse to issue, renew or reinstate a license, may condition, limit, revoke or suspend a license, may publicly or privately censure a licensee or may impose a fine not to exceed \$1,000 per violation upon a finding that a licensee or an applicant for license:

- (1) Is incompetent to practice social work, which means:
 - (A) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;
 - (B) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or
 - (C) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to practice social work;
- (2) has been convicted of a felony offense and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (3) has been convicted of a misdemeanor against persons and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (4) is currently listed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect by any state agency, agency of another state or the United States, territory of the United States or another country and the applicant or licensee has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;
- (5) has violated a provision of the social workers licensure act or one or more rules and regulations of the board;
- (6) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;
- (7) has knowingly made a false statement on a form required by the board for a license or license renewal;
- (8) has failed to obtain continuing education credits as required by rules and regulations adopted by the board;
- (9) has been found to have engaged in unprofessional conduct as defined by applicable rules and regulations adopted by the board; or
- (10) has had a license, registration or certificate to practice social work revoked, suspended or limited, or has had other disciplinary action taken, or an application for a license, registration or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) For issuance of a new license or reinstatement of a revoked or suspended license for a licensee or applicant for licensure with a felony conviction, the board may only issue or reinstate such license by a 2/3 majority vote.

(c) Administrative proceedings and disciplinary actions regarding licensure under the social workers licensure act shall be conducted in accordance with the Kansas administrative procedure act. Judicial review and civil enforcement of agency actions under the social workers licensure act shall be in accordance with the Kansas judicial review act.

[K.A.R. 102-2-7. Unprofessional Conduct](#)

e. LSCSW Clinical Supervision Training Plan

BSRB Statutes and/or Regulations

[K.A.R. 102-2-1a Definitions \(f\)](#) “Clinical supervision training plan” means a formal, written contract between a supervisor and a supervisee that establishes the supervisory framework for postgraduate clinical experience and the expectations and responsibilities of the supervisor and the supervisee.

[Clinical Supervision Training Plan form](#)

Example -Template How to Write a Clinical Supervision Plan (see page 13)

Sample - Supervision Log and Supervision Meeting form (see page 16)

f. LSCSW Clinical Supervision Hour Summary

BSRB Statutes and/or Regulations

Regulations relevant to clinical supervision hours.

[K.A.R. 102-2-1A \(e\)](#) [K.A.R 102-2-12 \(c\)](#) [K.A.R. 102-2-8 \(d\)](#)

Complete **all** minimum requirements in no fewer than two years.

3000 total hours of supervised clinical experience

- 1500 hours – Direct Client Contact
- 1500 hours – Professional Hours

1500 hours of “Direct Clinical Contact”

- **At least 1500** hours MUST be Direct Client Contact to include assessment and psychotherapy.
 - Individual, Family or Group service to client system

1500 hours of “Professional Hours”

- Activities that support/enhance your work with clients
 - Prep for sessions, documentation, research
 - Trainings or CEUs – only if they are directly related to the client population you serve.
 - Consider the work related activity you are performing. View it through the lens of “am I doing this thing because of the clients I saw for the client contact?” If the answer is yes, then it can most likely be counted in the indirect client contact.

Complete 100 total hours of Clinical Supervision

- Must meet for at least *1 hour of supervision for every 15 hours* of direct client
- Must meet at least two times per month, at least one of these two meetings must be individual supervision
- 50 hours of supervision (out of 100 total required) have to be individual supervision
- Up to 50 hours of supervision may be group supervision

g. Training Plan Amendments

BSRB Statutes and/or Regulations

In pertinent part, [K.A.R. 102-2-8](#) ... (d)... (7) Revision of the clinical supervision training plan. **All** changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

The following forms are for the most common changes to a training plan. The supervisee must submit **ALL** changes to the board for approval, not only those covered by these forms.

[Training Plan Amendment – Supervisor Changes](#)

[Training Plan Amendment – Position or Work Site Changes](#)

5. Timeline Example for Clinical Supervision

I. Meet with potential supervisee. Review entire process and go through responsibilities of both supervisor and supervisee. Create training plan covering all elements detailed in KAR 102-2-8 (see sample). If you are supervising from outside the supervisee's practice agency you must establish communication with their agency supervisor and outline how you will provide feedback for their evaluation as well as how crisis situations will be handled. You must have experience with the client population the supervisee will be serving and at least partial responsibility for their practice. This should be detailed in the training plan.

II. Supervisee submits training plan to BSRB. The effective date for the training plan once it is approved will be the date it was received in the BSRB office.

*** No supervision hours can be counted prior to the training plan approval date ***

Important: make sure the supervisee reviews the training plan approval letter which contains useful information for completing their supervision successfully.

Begin meeting for supervision. Supervision must occur at least twice a month, at least one of the supervision sessions must be individual. **You are required to receive one hour of supervision for every 15 hours of direct client contact.** *Therefore, if you accrue 15 hours of direct client contact per week, you will need to meet weekly.* If you are doing group supervision, there can be no more than 6 supervisees per/group. 50% of supervision may be group, the other 50% must be individual. The supervisee must complete a minimum of 100 supervision hours.

Note: It is required that the supervisee inform each of their clients that they are working under your supervision, including providing your contact information should they have any concerns about the supervisee's service (see sample form).

III. Document every supervision session, regardless of how many clients they are seeing (see sample form.) When your supervisee applies for their LCSW you will be required to provide examples of the types of clients and cases your supervisee worked with and how the goals set out in the training plan were addressed in supervision (see attestation form). **IMPORTANT:** regularly reconcile your log with your supervisee's since it can be difficult to reconstruct 2 years' worth of meetings at the end. You may both be asked to provide copies of your logs when the supervisee applies for licensure.

IV. You are legally responsible for your supervisee's practice during the course of their supervision. Make sure your liability insurance covers you for this. You must provide an alternate contact when you are unavailable should your supervisee need a consult.

V. If there are any changes to your supervisee's practice situation, such as a change in the clientele they are working with, a change in their job description, a new position in the same agency, or employer, they must submit an amendment of their plan to the BSRB in writing. Failure to do so could result in subsequent supervision hours being disallowed until the plan is amended. **While it is your supervisee's responsibility to submit the amendment, as the supervisor you should be aware of this requirement and prompt them to notify the BSRB** (see required LCSW training plan amendment forms). If there is to be a new or an additional supervisor that person must also complete the required form. If there is a change other than a new supervisor or work site the supervisee may e-mail the information to the Board at bsrb@ks.gov.

If there is to be a new supervisor it is recommended the departing supervisor to send in their attestation form at that time. This prevents any problems with the supervisee locating the former supervisor or getting the attestation form completed when they are ready to apply for licensure.

VI. Content of supervision sessions must be guided by the goals set in the training plan. However since an LCSW is authorized to diagnose and treat all mental disorders in the current Diagnostic and Statistical Manual, heavy emphasis must be on those skills. Even if the supervisee is not required by their agency to submit a formal client diagnosis they should practice diagnosis in supervision as well as creating treatment plans. They should discuss and evaluate the therapeutic interventions they provide and learn about alternative treatments.

Examples of supervision topics:

- Differential diagnosis
- Potential treatment modalities
- Use of self in therapy
- Cultural competency
- Appropriate non-clinical interventions in clinical cases

Ethical issues
Clinical documentation
Self care

This is not an exhaustive list, there may be other relevant topics for supervision.

In group supervision it is useful to designate a member or two to present a case and invite the others to consider diagnosis and treatment options. Group supervision may include presentations that relate to the group members' clinical practice.

Another important focus of supervision should be our **NASW Code of Ethics** which is used as the standard in legal cases. Each supervisee should have a copy and it should be referred to as ethical issues may arise. It is important for the supervisor to help the supervisee learn to identify ethical dilemmas in clinical practice. Reviewing our **KS unprofessional conduct regulations** should be a part of this focus. All applicants for licensure are required to attest that they have read and understand these regulations.

Remember that the training plan requires that there be regular, periodic evaluation of the supervisee's performance. There is not a specified time frame or format so you should decide together how this will happen and be sure to document it.

VII. As the supervisee approaches completion of their hours it is helpful to **review knowledge required for the LSCSW exam**. There are test prep materials available, if you are supervising regularly it might be worth it to have some in your library. But the test questions change often so it might be better to have the supervisee obtain a current prep program which you can use in your meetings.

Note: The Association of Social Work Boards has resources for test prep available, including a self-study program to help test takers have a positive mindset towards testing. Go to www.aswb.org/exam

6. LSCSW Application Process

Application for Licensure: [K.A.R 102-2-2a](#)

[LSCSW application packet](#) - including instructions and supervisor's attestation

7. Common Questions Asked and Answered

[Website FAQs \(click here\)](#) Once there, scroll down for LSCSW information.

8. Writing A Clinical Supervision Training Plan

HOW TO WRITE A CLINICAL SUPERVISION TRAINING PLAN

1 through 11. Answer all Yes/No questions, providing additional information as needed. Beginning with question number 12 you will be required to provide written answers.

12. a. What are the anticipated types of clients to whom you will be providing services? [KAR 102-2-8 (d)(6)(B)]

Provide examples of the client population you anticipate treating at your approved work site.

b. What services will you be providing to clients?

Provide examples of the services, both clinical and nonclinical (if applicable) you will be providing to clients at your approved work site.

13. Review the definition of clinical social work below (KAR 102-2-1a (e)) list your clinical supervision goals and briefly describe how you will attain those goals. You may include additional goals if you wish but you must provide goals based upon numbers 1 – 7.

(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.

14. Outline your responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(F)]

For you to achieve these goals what must you do?

15. Outline your supervisor’s responsibilities in relation to these goals and objectives. [KAR 102-2-8 (d)(6)(E)]

Note how your supervisor will help you attain the goals listed in number 13.

16. Describe the contingency plans for missed supervision sessions, and supervision while your supervisor is unavailable. Should there be an emergency or crisis and your primary supervisor is unavailable, to ensure supervision is available at all times, provide the name of an emergency supervisor.

How will missed supervision sessions be made up? Who would provide supervision if your supervisor has a planned absence such as vacation, medical issue, etc.? Provide the name of the person who would provide supervision if your clinical supervisor was unavailable during a crisis.

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 because you will not be accruing any supervision towards the LCSW with this person.

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

Please note: Anyone whose name is provided in your answer to 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 LCSW unless he/she is approved by completing section III, IV and V 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 LCSW must be approved by the Board. Approval is provided by submitting the appropriate documentation to the Board.

9. Training Resources for Clinical Supervisors

While no specific additional training is required in KS beyond 2 years of post-LCSW practice which included diagnosis and treatment of mental disorders, many Clinical Social Workers may wish to take some continuing education in this area.

Handbook of Clinical Social Work Supervision by Dr. Carlton E. Munson is the definitive Social Work-specific supervision text.

NASW has many supervision courses available in their Social Work Online CE Institute (you must be a member to access). They also published a **Best Practices in Social Work Supervision** document in conjunction with the Association of Social Work Boards, available on the NASW website.

The Association of Social Work Boards did an analysis of key competencies required for Clinical Social Work Supervision, available for free on their website: **An Analysis of Supervision for Social Work Licensure**.

NetCE offers several courses on Supervision, including one developed by the Association of Social Work Boards: **Clinical Supervision: A Person Centered Approach**

Clinical Supervision Step by Step: A Complete Supervisory Plan for Developing Skilled, Ethical, and Compassionate Therapists is a course offered by **PESI**, created by Sharon Greene, LCSW

Some Universities have offered courses or trainings in Clinical Supervision. Check with schools in your area.

10. Sample Forms

YOU ARE NOT REQUIRED TO USE THE FOLLOWING FORMS. THEY ARE PROVIDED AS SAMPLES

SUPERVISION LOG (SAMPLE)

Date	Direct Client Contact Min. 1500 Hours	Professional Hours Up to 1500	Total Hours Min. 3000 Hours	Individual Supervision Hours	Group Supervision Hours	Total Supervision Hours	Supervision In Person or Televideo	Brief Description of Content
mm/dd/yy								
mm/dd/yy		Sample		Sample				
mm/dd/yy								

SUPERVISION MEETING FORM (SAMPLE)

Date: _____

Supervisee(s): _____

Clinical Supervisor: _____

Where supervision took place: _____ In person Y N

Supervision meeting start time: _____ End time: _____

Issues discussed/client cases: _____

Supervisee strengths: _____

Supervisee areas for improvement/concerns: _____

Issues discussed/client cases: _____

Tasks to be completed by the next supervision meeting or date specified: _____

Supervisee comments or concerns: _____

Supervisee Signature: _____

Clinical Supervisor Signature: _____

Sample language to notify clients you are working under supervision

(to be included in supervisee's consent to treatment form or as a separate form)

"I understand that service provider _____ employed by _____ is currently receiving supervision from _____ towards obtaining his LSCSW. I have the right to contact _____ regarding my case, and consent to _____ reviewing my records as required by the LSCSW Clinical supervision agreement on file with the Kansas Behavioral Science and Regulatory Board.":

Contact info for Supervisor:

Phone _____

E-mail _____