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Laura Kelly, Governor

Training Plan Amendment – New/Additional Supervisor
Licensed Marriage and Family Therapist

This form should only be used if you have an approved training plan on file with the BSRB and you are changing supervisors or adding an additional supervisor.

Return the amendment 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.

1. Information regarding supervisee: (To be completed by supervisee)

Name _____ LMFT Number _____

Home Address _____

City, State, Zip _____Home Phone _____

Cell Phone _____ Email _____
(Optional)

Work Site _____

Work Site Address _____

Is this a previously approved worksite for your clinical training plan? Yes_____ No_____

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

Please specify whether this is a new (this will be your only supervisor) or an additional supervisor? _____

Date to begin supervision: _____

End date, if applicable, with previous supervisor: _____

Name of previously approved supervisor _____

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

Name_____ Email _____

Agency/Work Site_____

Address _____

Home Phone _____ Work Phone _____

KS License Number _____ Issue date _____ Expiration date _____

Does this license authorize you to practice independently? Yes _____ No _____

BSRB LCMFT Board approved clinical supervisor? Yes ____ No ____

Were you or are you licensed at the clinical, independent level in another State? Yes _____ No _____
If yes, State _____ License type _____ Issue date _____
Expiration date _____

Have you practiced clinical marriage & family therapy for a minimum of two years beyond your licensure at the clinical level? 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 explain fully in an attached, signed statement.

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

Please read K.A.R. 102-5-7a before answering the following questions.

1. Per K.A.R. 102-5-7a(d)(1) - Do you have professional authority and responsibility for the supervisee's clinical functioning in the practice of clinical marriage and family therapy?
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 have an understanding of 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 not, please answer A - E:

A. Do you have a solid understanding of the practice setting's mission, policies, and procedures? Yes _____ No _____

B. Is your responsibility for the supervisee clearly defined in terms of client cases to be supervised, and role in personnel evaluation within the practice setting?
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 clinical marriage and family therapy by assessing and evaluating the supervisee's performance? Yes _____No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy 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 supervision in accordance with the clinical supervision training plan? Yes _____No _____

F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____No _____

G. Provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience? Yes _____No _____

H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both you and the supervisee? Yes _____No _____

I. Ensure that each client knows that the supervisee is practicing clinical marriage and family therapy 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 _____

9. Have you read the supervisee's previously approved training plan? Yes _____No _____

10. Do you agree to provide supervision in accordance with the supervisee's previously approved training plan? Yes _____No _____

4. Supervisor and Supervisee Attestation

We, the undersigned supervisee, and supervisor, 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 the original training plan and this amendment 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 previously submitted 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, and 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 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