Behavioral Sciences Regulatory Board
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Kansas
Behavioral Sciences
Regulatory Board

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Laura Kelly, Governor

Training Plan Amendment – New/Additional Work Site
Marriage and Family Therapist

Use this form if you have an approved training plan on file with the BSRB and you have changed work sites, are adding an additional work site or you are notifying the Board of any change to an approved work site. For example, a change in position at a previously approved site.

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.

1. Information regarding supervisee:

Name _____ LMFT Number _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ (Optional)

Email _____

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

A. Submit an official position description for this work site.
B. Is this a new work or additional work site or a change to a previously approved work site._____
C. If a change, describe the change._____
D. End date of employment at previously approved work site
E. Date new/additional or employment change began _____

Work site and address where the supervisee will be accruing hours towards the LCMFT

Work site _____

Address _____

City, State, Zip _____ Phone _____

Title of supervisee's position in this supervised setting? _____

Will you be providing services to clients physically located outside Kansas? Yes___ No___
If yes, are you licensed in the state where the client is located? Yes____ No____
If yes, is your clinical supervisor licensed in the state where the client is located? Yes___ No___

3. Information regarding supervisor:

A. Name of your clinical supervisor: _____

B. Is this your previously approved supervisor for your clinical training plan? Yes_____ No_____

C. Clinical Supervisor contact information (email and phone) _____

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

D. Will the supervisee be involved in the process of diagnosing clients? Yes_____ No_____

E. Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients? Yes_____ No_____

Please provide answers to 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 diagnosis 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.

5. Supervisors and Supervisees 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 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

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