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**BEHAVIORAL SCIENCES REGULATORY BOARD**

**Training Plan Amendment – New/Additional Work Site  
Clinical Psychotherapist**

**This form should only be used if you have an approved training plan on file with the BSRB and you have changed employment or are adding an additional work site.**

**I. Information regarding supervisee:**

Name \_\_\_\_\_ LMLP Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Optional)

**II. Information regarding the supervision setting:**

*Name of Agency and address where the supervisee will be participating in the supervised work experience.*

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Title of supervisee's position in this supervised setting? \_\_\_\_\_

**III. Information regarding supervisor:**

**A.** Name of your clinical supervisor: \_\_\_\_\_

**B.** Is this your 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.

**IV. Information regarding the new/additional employment setting:**

**A.** Please specify whether this is a new work site or an additional work site? \_\_\_\_\_

**B.** End date of employment from previously approved training plan: \_\_\_\_\_

**C.** Date new/additional employment began: \_\_\_\_\_

**D.** Please submit a copy of the supervisee's new official position description with this amendment.

