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**BEHAVIORAL SCIENCES REGULATORY BOARD**

**Training Plan Amendment – New/Additional Supervisor  
Social Work**

**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.**

**I. Information regarding supervisee: [To be completed by supervisee]**

Name \_\_\_\_\_ LMSW Number \_\_\_\_\_

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

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

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

Work Agency \_\_\_\_\_

Is this your 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 this a new or an additional supervisor? \_\_\_\_\_

Date to begin supervision: \_\_\_\_\_

End date, if applicable, with previous supervisor: \_\_\_\_\_

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Agency/ Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

LSCSW Number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Were you licensed as a clinical social worker in a state prior to Kansas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state of licensure \_\_\_\_\_ License type \_\_\_\_\_

Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you practiced in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of social work clinical licensure? 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.***

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

**Please read K.A.R. 102-2-8(d) before answering the following questions.**

1. **Per K.A.R. 102-2-8(d)(3)(B)** – Do you have, in full or in part, professional responsibility for the supervisee’s practice of clinical social work or delivery of social work services? 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 your answer is no, please answer the following five questions:**

A. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Is the extent of your role in personnel evaluation within the practice setting clearly defined? 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 social work by assessing and evaluating the supervisee’s performance? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or social work consultation? Yes \_\_\_\_\_ No \_\_\_\_\_

