

MARK PARKINSON
Governor

PHYLLIS GILMORE
Executive Director



712 S. Kansas Ave.
Topeka, Kansas 66603-3817
(785) 296-3240
FAX (785) 296-3112
www.ksbsrb.org

BEHAVIORAL SCIENCES REGULATORY BOARD

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

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 _____ LMSW Number _____
Home Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
(Optional)
Email _____

II. Information regarding the new/additional employment site:

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.

