

**KATHLEEN SEBELIUS**  
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**  
**FILING OF CLINICAL SUPERVISION TRAINING PLAN**

In order to begin accruing hours and working toward the LSCSW you must submit a training plan for pre-approval to the Board.

- The enclosed Clinical Supervision Training Plan needs to be developed between you and the person who has agreed to be your supervisor.
- Please answer ALL questions. The form needs to be filled out completely, and legibly.
- You must receive approval, in writing, from the Board before you may begin your supervision.
- All supervision requirements must be completed in not less than two years and not more than six years. If you have not completed the supervision requirements within the 6 year maximum, your accrued hours will begin to drop off month by month. This does NOT mean you must receive your LSCSW within 6 years, only that the supervision requirements are complete.
- There is no fee to file a Clinical Supervision Training Plan.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the board office.
- Once the training plan has been approved you must keep the Board up to date with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time period will not be counted.

The following applies **only to supervision that began prior to July 1, 2000**.

- If a training plan was filed with the Board prior to July 1, 2000 there is no need to complete a new training plan.
- If there are changes that take place you will submit them with your application for LSCSW when your supervision is complete.
- If a training plan was not submitted to the Board office before July 1, 2000 the supervision will be reviewed under current requirements.

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**Clinical Supervision Training Plan  
Social Work**

**I. Information regarding supervisee:**

Name \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

License number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Social Work Degree & Track \_\_\_\_\_ University \_\_\_\_\_

**II. Information regarding supervisor:**

Name \_\_\_\_\_

Address \_\_\_\_\_ work  or home

Phone \_\_\_\_\_ Email \_\_\_\_\_

Professional credentials: Degree \_\_\_\_\_ Conferred on \_\_\_\_\_

License type and Number \_\_\_\_\_ State \_\_\_\_\_

Initial date of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Does this license authorize the supervisor to practice independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the supervisor 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 yes, please explain fully in an attached, signed statement.***

**III. Information regarding the Supervision Setting**

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

**Please include an official copy of your job description with your training plan.**

Agency \_\_\_\_\_

Address \_\_\_\_\_

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

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

#### IV. Information regarding Supervision Training Plan:

*Please provide answers to the following questions on a separate sheet of paper:*

1. Describe the supervisee's practicum experience, including how many direct client contact hours, received with the Masters Degree.
2. Will the supervisee be using the DSM IV in diagnosing clients?
3. Please list some specific diagnosis the supervisee is expected to work with.
4. What are the anticipated types of clients to whom the supervisee will be providing services?
5. What services will the supervisee be providing to clients?
6. What are some psychotherapy theories the supervisee plans to use in treating clients?
7. What dates are expected to be covered with the Supervision Training Plan?  
**(Training plan must be approved by the board before post graduate hours can begin to be accrued.)**
8. Please list the clinical supervision goals and briefly describe how you will attain those goals. Be sure to review the definition of clinical social work and incorporate into your goals. **Also, include goals that relate to diagnosis and treatment of mental disorders. Include a description that specifies how you will meet the requirement to provide 1500 hours of psychotherapy and assessment. (See K.A.R. 102-2-1a (e))**
9. Please outline the supervisor's responsibilities in relation to these goals and objectives.
10. Please outline the supervisee's responsibilities in relation to these goals and objectives.
11. Describe the plan for documenting the date, length, format, (group or individual) and location of each supervisory session.
12. Please describe the schedule for supervision sessions. How many will be individual, how many group, and the number of supervisees in a group? Please include how many hours of supervision you will complete and how many supervisory sessions you will complete.
13. Please describe the plan for documenting the supervisee's progress toward meeting the required 4000 hours of supervised clinical experience, and the 2000 hours of direct client contact to clients.
14. Please describe the plan for documenting the supervisee's progress toward meeting the required 1500 hours of direct face to face client contact providing psychotherapy and assessment services.
15. Describe the plan for evaluating the supervisee's progress in supervision. Periodic written evaluations are encouraged.
16. Describe the plan for notifying the clients that the supervisee is practicing under supervision, the limits of confidentiality under supervision, and the name contact information for the supervisor.
17. Describe the process for renegotiating this plan if warranted, including the need to submit all changes to the board office **within 45 days of the change.**
18. Please describe the process for remediating conflicts between the supervisor and supervisee.
19. Please describe the contingency plans for emergency supervision, missed supervision sessions, and supervision while the supervisor is unavailable. Be sure to include a backup supervisor.

Will the supervisee be involved in the process of diagnosing clients? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If answer is yes, please describe how.**

Will the supervisee, under the direction of the supervisor, be providing psychotherapy to the clients?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
**If answer is yes, please describe how.**

**V. Information regarding the supervisory relationship:**

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

**1. Per K.A.R. 102-2-8(d)(3)(A)** - Does the supervisor 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.** Does the supervisor have a dual relationship with the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_

**3.** Does the supervisor have knowledge of and experience with the supervisee's client population?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**4.** Does the supervisor have knowledge of and experience with the methods of practice that the supervisee will employ?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**5.** Does the supervisor have an understanding of the organization and administrative policies and procedures of the supervisee's practice setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**6.** Is the supervisor a staff member of the practice setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, please answer the following four questions:**

**A.** Is the supervisor's responsibility for the supervisee clearly defined in terms of client cases to be supervised, their role in personnel evaluation within the practice setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** Is the responsibility for payment of supervision clearly defined? Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** Is the supervisee paying the supervisor directly for supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

**D.** Does the supervisor maintain responsibility to the client and the practice setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. Will the supervisor 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 \_\_\_\_\_
- C. Provide documentation of supervisory qualifications to the supervisee? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Periodically evaluate the supervisee's clinical functioning? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Ensure that the each client knows that the supervisee is practicing social work under supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does the supervisor 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 \_\_\_\_\_

**VI. Supervisors and Supervisees 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 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:**  
[www.ksbsrb.org](http://www.ksbsrb.org)