

GENERAL GOVERNMENT CABINET
Kentucky Board of Examiners of Psychology
(Amendment)

201 KAR 26:171. Requirements for clinical supervision.

RELATES TO: KRS 319.032(1)(l), 319.050(3), (6), 319.056(4), (5), 319.064(3), (5), 319.082(1), 319.092(3)(d), 319.118(1)

STATUTORY AUTHORITY: KRS 319.032(1)(l)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 319.032(1)(l) requires the board to promulgate an administrative regulation governing the clinical supervision of a certified psychologist, licensed psychological associate, candidate for licensure, or a credential holder sanctioned by the board. This administrative regulation establishes the requirements for clinical supervision.

Section 1. Board Approval Required.

- (1) Except for graduate students as provided in Section 14 of this administrative regulation, a supervisory arrangement shall have the prior approval of the board, with both clinical supervisor and supervisee petitioning the board in writing.
- (2) If there is a change in clinical supervision~~[supervisor]~~ or in the supervisory arrangement, the clinical supervisor and supervisee shall:
 - (a) Proceed with the change as soon as practicable so as to avoid a lapse of clinical supervision for the supervisee; and
 - (b) Notify the board within thirty (30) days of the change for approval of the change of clinical supervisor or supervisory arrangement.
- (3) It shall be the joint responsibility of the clinical supervisor and the supervisee to assure that all reports, plans and goals, or other records of a supervisory relationship required by KRS Chapter 319, or these administrative regulations, are complete and filed with the board in a timely manner.

Section 2. Clinical and Supervision Requirements.

~~[(1)]~~ All clinical supervision requirements shall:

- ~~(1) [(a)]~~ Be met with individual, ~~[face-to-face,]~~ weekly contact either in person or via 2-way interactive video between clinical supervisor and supervisee~~[except as provided in subsection (2) of this section and Sections 11 and 14 of this administrative regulation];~~ and
 - ~~(2) [(b)]~~ Include additional clinical supervision sessions as needed.
- ~~[(2)] [An alternative format of clinical supervision, including two (2) way interactive video, may be substituted for the supervisory contact, required by subsection (1) of this section, upon specific approval by the board.]~~

Section 3. Relief from Clinical Supervision Requirements During Inactive Period.

- (1) A certified psychologist or licensed psychological associate may petition the board to be relieved of his or her obligation to maintain clinical supervision during which period he or she shall not practice psychology.
- (2) The certified psychologist or licensed psychological associate shall obtain a clinical supervisor approved by the board before the resumption of practice.
- (3) Upon resumption of practice, the certified psychologist or licensed psychological associate shall:
 - (a) Document compliance with continuing education requirements; and
 - (b) Report on his or her activities and employment related to psychology during the period without clinical supervision.

Section 4. Training and Continuing Education for Clinical Supervisors.

(1) A licensed psychologist with health service provider designation who has been approved by the board as a clinical supervisor shall attend a board approved training session in clinical supervisory practices within twelve (12) months of obtaining approval as a supervisor.

(2) A board approved clinical supervisor shall obtain a minimum of three (3) continuing education hours in clinical supervision theory or techniques in each three (3) year renewal cycle as required by 201 KAR 26:175, Section 2(4)(a). The board shall suspend its approval of a clinical supervisor if the clinical supervisor does not complete the required continuing education.

Section 5. Clinical Supervision~~[Supervisor]~~ Obligations.

(1) The clinical supervisor shall make all reasonable efforts to be assured that each supervisee's practice is in compliance with this administrative regulation.

(2) The clinical supervisor shall report to the board an apparent violation of KRS 319.082(1) on the part of the supervisee.

(3) The clinical supervisor shall inform the board immediately of a change in the ability to clinically supervise, or in the ability of a supervisee to function in the practice of psychology in a competent manner.

(4) The clinical supervisor shall control, direct, or limit the supervisee's practice as appropriate to ensure that the supervisee's practice of psychology is competent.

(5) The clinical supervisor of record shall be responsible for the practice of psychology by the supervisee. If the board initiates an investigation concerning a supervisee, the investigation shall include the clinical supervisor of record.

(6) For each person supervised pursuant to KRS 319.050(3), (6), 319.056(4), (5), 319.064(3), (5), or 319.092(3)(d), the clinical supervisor shall maintain a record of each supervisory session that shall include the type, place, and general content of the session. This record shall be maintained for a period of not less than six (6) years after the last date of clinical supervision.

Section 6. Clinical Supervision Reports~~[Supervisory Report]~~.

(1) In calculating the amount of time spent in full-time practice while under clinical supervision, 1,800 hours of supervised practice shall be equivalent to one (1) year of experience.

(2) The clinical supervisor shall submit a Supervisory Report to the board of the clinical supervision of each supervisee according to the following schedule:

CREDENTIAL STATUS	REPORTING PERIOD	REPORT DUE DATE(S)
(a) Licensed psychological associate or certified psychologist with 4 or more years of full-time practice, or its equivalent	Every 2 years (with prior board approval)	Anniversary date of supervisee's licensure
(b) Licensed psychological associate or certified psychologist with fewer than 4 years of full-time practice, or its equivalent	Yearly	Anniversary date of supervisee's licensure

(c) Temporarily licensed psychologist	Every 6 months and 1 month prior to jurisprudence and competency examinations	
(d) Temporarily licensed psychological associate	Every 6 months	
(e) Sanctioned credential holder	Quarterly	January, April, July, and October 15th

(3) The report shall include:

- (a) A description of the frequency, format, and duration of clinical supervision;
- (b) An assessment of the functioning of the supervisee, including the strengths and weaknesses of the supervisee; and
- (c) Other information which may be relevant to an adequate assessment of the practice of the supervisee.

Section 7. Multiple Clinical Supervisors.

- (1) If a supervisee has more than one (1) board-approved clinical supervisor, the clinical supervisors shall be in direct contact with each other at least once every six (6) months, and they shall provide Supervisory Plans and Goals to the board and copies to each other.
- (2) A request to have more than two (2) clinical supervisors at one (1) time shall require a special application to the board that shall include detailed information as to how the clinical supervisors shall communicate and coordinate with each other in providing the required clinical supervision.

Section 8. Clinical Supervisor Responsibilities. The clinical supervisor ~~[of record]~~ shall:

- (1) Review and countersign psychological assessments as appropriate based on the supervisee's level of experience;
- (2) Review treatment plans, progress notes, and correspondence as needed to assess the competency of the supervisee to render psychological services;
- (3) Jointly establish with the supervisee Supervisory Plans and Goals that shall be submitted to the board at the beginning of the supervisory relationship. The Supervisory Plans and Goals shall:
 - (a) Be updated or revised and submitted to the board with the regular report of clinical supervision;
 - (b) Include intended format and goals to be accomplished through the supervisory process; and
 - (c) Include methods that the clinical supervisor and supervisee shall employ to evaluate the supervisory process.
- (4) Have direct observation of the supervisee's work:
 - (a) For a licensed psychological associate or a certified psychologist with less than four (4) years of full-time, post-licensure practice, or its equivalent, or a licensure candidate with temporary permission to practice, direct observation shall take place at least once every two (2) months;
 - (b) For a licensed psychological associate or certified psychologist with more than four (4) years of full-time, post-licensure practice, or its equivalent, direct observation shall take place as needed;
 - (c) Direct observation may be accomplished through audiotaping, video camera, videotaping, one (1) way mirror, or as a co-therapist.

- (5) Have direct knowledge of the size and complexity of the supervisee's caseload;
- (6) Limit and control the caseload as appropriate to the supervisee's level of competence;
- (7) Have knowledge of the therapeutic modalities and techniques being used by the supervisee; and
- (8) Have knowledge of the supervisee's physical and emotional well-being when it has a direct bearing on the supervisee's competence to practice.

Section 9. Supervisee Responsibilities.

- (1) The supervisee shall:
 - (a) Keep the clinical supervisor adequately informed at all times of his or her activities and ability to function; and
 - (b) Seek clinical supervision as needed in addition to a regularly scheduled supervisory session.
- (2) The supervisee shall:
 - (a) Participate with the clinical supervisor in establishing Supervisory Plans and Goals and in completing the regular Supervisory Reports;
 - (b) Be jointly responsible with the clinical supervisor for ensuring that a Supervisory Report has been sent to the board in accordance with the reporting schedule established in Section 6(2) of this administrative regulation; and
 - (c) Report to the board an apparent violation of KRS 319.082(1) on the part of the clinical supervisor.

Section 10. Identification of Provider. The actual deliverer of a service shall be identified to the client. A billing for a rendered service shall identify which service was performed by the certified psychologist, licensed psychological associate, temporary licensed psychologist, trainee, or other provider and supervised by the licensed psychologist.

Section 11. Frequency of Clinical Supervision.

- (1) A licensed psychological associate or certified psychologist shall have a minimum of one (1) hour of individual face-to-face clinical supervision on a weekly basis for the first two (2) years of full-time practice or its equivalent following licensure.
- (2) After two (2) years of full-time, post-licensure practice, or its equivalent, the clinical supervisor and supervisee may petition the board using a Request for Change of Supervisor and/or Frequency form to alter the format, frequency, or duration of supervision if the proposed change includes a minimum of two (2) one (1) hour individual ~~[face-to-face]~~ meetings every four (4) weeks, and the total amount of clinical supervision is not less than four (4) hours per four (4) week period. This petition may include a request to change the format from individual to group clinical supervision. Clinical Supervision requirements for part-time practice may be modified at the discretion of the board upon approval of the submitted plan.
- (3)
 - (a) After four (4) years of full-time, post-licensure practice, or its equivalent, the clinical supervisor and supervisee may petition the board for further modification of the format, frequency, or duration of supervision using a Request for Change of Supervisor and/or Frequency form, if the proposed change includes a minimum amount of one (1) hour of ~~[face-to-face]~~ clinical supervision per month. Additional modifications of the format, frequency, or duration of clinical supervision may be submitted for approval by the board.
 - (b) Upon a change of clinical supervisor, a new Supervisory Plans and Goals shall be submitted by the clinical supervisor and supervisee to the board for approval. This plan may require additional clinical supervision than was previously approved by the board.
 - (c) Upon termination of the supervisor-supervisee relationship, the final Supervisory Report shall be submitted to the board within thirty (30) days of the termination.

(4) Any change in the frequency or duration of clinical supervision under this section may not occur automatically, but only upon a written request to the board and approval of the request by the board.

Section 12. Clinical Supervision of a Disciplined Credential Holder.

(1) The board shall appoint an approved clinical supervisor to supervise a disciplined credential holder for the period of time defined by the board.

(2) The disciplined credential holder shall be responsible for paying the fee for clinical supervision.

(3) The clinical supervisor shall have completed the board approved training course in supervision.

(4) The clinical supervisor shall:

(a) Review the originating complaint, agreed order, or findings of the disciplinary hearing;

(b) Meet with the disciplined credential holder and the board liaison to:

1. Summarize the actions and concerns of the board;

2. Review the goals and expected outcomes of clinical supervision submitted by the board liaison;

3. Develop a specific plan of clinical supervision; and

4. Review the reporting requirements that shall be met during the period of clinical supervision.

(c) Meet with the disciplined credential holder at least weekly, on an individual ~~face-to-face~~ basis (as described in 201 KAR 26:171 Section 2) for a minimum of one (1) hour unless modified by the board;

(d) Submit a quarterly report to the board which reflects progress, problems, and other information relevant to the need for board-mandated supervision;

(e) Make all reasonable efforts to ensure that the disciplined credential holder's practice is in compliance with KRS Chapter 319 and 201 KAR Chapter 26;

(f) Report to the board any apparent violation of KRS 319.082(1) on the part of the disciplined credential holder;

(g) Immediately report to the board in writing a change in the ability to clinically supervise, or in the ability of the disciplined credential holder to function in the practice of psychology in a competent manner;

(h) Review and countersign psychological assessments as needed or appropriate;

(i) Review treatment plans, notes, and correspondence as needed or appropriate;

(j) Have direct observation of the disciplined credential holder's work on an as-needed basis;

(k) Have direct knowledge of the size and complexity of the disciplined credential holder's caseload;

(l) Have knowledge of the therapeutic modalities and techniques being used by the disciplined credential holder; and

(m) Have knowledge of the disciplined credential holder's physical and emotional well-being when it has direct bearing on the disciplined credential holder's competence to practice.

(5) The clinical supervisor shall control, direct, or limit the disciplined credential holder's practice as appropriate to ensure that the disciplined credential holder's practice is competent.

(6) The clinical supervisor shall contact the board liaison with any concern or problem with the disciplined credential holder, his or her practice, or the supervision process.

(7) A final meeting shall be scheduled within thirty (30) days of the end of the established supervision period to summarize the clinical supervision. The meeting shall include the clinical supervisor, disciplined credential holder, and board liaison. A written summary of

the supervision shall be submitted by the clinical supervisor to the board two (2) weeks following this meeting with a copy to the board liaison.

Section 13. Board Liaison for Disciplined Credential Holder. The board shall appoint a board member to serve as a liaison between the board and the approved clinical supervisor. The board liaison shall:

- (1) Recruit the clinically supervising psychologist from a list provided by the board;
- (2) Provide the clinically supervising psychologist with the originating complaint, agreed order, or findings of the hearing and supply other material relating to the disciplinary action as deemed appropriate by the liaison;
- (3) Ensure that the clinically supervising psychologist is provided with the necessary documentation for liability purposes to clarify that he or she is acting as an agent of the board pursuant to KRS 319.118(1) and has immunity commensurate with that of a board member;
- (4) Provide the clinically supervising psychologist with a written description of the responsibilities of the clinical supervisor and a copy of the responsibilities of the liaison;
- (5) Ensure that the board has sent a written notification letter to the disciplined credential holder. The notification letter shall:
 - (a) State the name of the supervising clinical psychologist; and
 - (b) Specify that the disciplined credential holder shall meet with the clinical supervising psychologist and the liaison within thirty (30) days of the date of the notification letter.
- (6) Meet with the clinically supervising psychologist and disciplined credential holder within thirty (30) days of the date of the notification letter to summarize the actions of the board, review the applicable statutes and administrative regulations regarding clinical supervision requirements for a disciplined credential holder, and assist with the development of a plan of supervision. The plan of supervision shall be written at the first meeting;
- (7) Submit the report of supervision to the board for approval. The liaison shall place the report of supervision on the agenda for review and approval at the next regularly scheduled board meeting. In the interim, the clinically supervising psychologist and disciplined credential holder shall continue to meet;
- (8) Remain available to the clinically supervising psychologist to provide assistance and information as needed;
- (9) Report any problem or concern to the board regarding the supervision and communicate a directive of the board to the clinically supervising psychologist;
- (10) Review the quarterly report of supervision and forward the report to the supervision committee of the board for approval; and
- (11) Meet with the clinically supervising psychologist and the disciplined credential holder at the end of the term of supervision to summarize the clinical supervision.

Section 14. Psychology Graduate Students. Graduate-level psychology students who are providing services in psychological health care settings including independent practice settings shall:

- (1) Be clinically supervised by a psychologist licensed by the Board of Examiners of Psychology with health service provider status, licensed at the doctoral level by the State Board of Examiners in the state in which the training program exists, or by a licensed mental health professional approved by the training program who is affiliated with either the university training program or the practice setting;
- (2) Be registered for credit in his or her course of study;
- (3) Clearly identify their status as unlicensed psychology trainees to all clients and payers;

- (4) Give to all clients and payers the name of the licensed psychologist responsible for their work; and
- (5) Not accept employment or placement to perform the same or similar activities following the completion of their university-sanctioned placement, regardless of the job title given, unless the student holds a license from the board.

Section 15. Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Supervisory Plans and Goals", ~~October~~~~December~~2025~~[2018]~~;
 - (b) "Supervisory Report", ~~October~~~~December~~2025~~[2018]~~; and
 - (c) "Request for Change of Supervisor and/or Frequency", October 2025~~[2016]~~.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Examiners of Psychology, 500 Mero Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

COMPILER'S NOTE: 2025 RS HB 6, enacted by the General Assembly on March 27, 2025, altered the information to be provided at the time an administrative regulation is filed. Aside from formatting changes necessary to upload the regulation into the LRC's publication application, this regulation has been published as submitted by the agency.

HARWELL SMITH, Ph. D., Chair

APPROVED BY AGENCY: October 15, 2025

FILED WITH LRC: October 15, 2025 at 10:55 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on December 22, 2025 at 1:00 PM EST at The Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky 40601. Individuals interested in attending this hearing shall notify this agency in writing no later than five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend is received by that date, the hearing may be canceled. A transcript of the public hearing will not be made unless a written request for a transcript is made prior to the end of the hearing. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until 11:59 pm on December 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: MARK R. BRENGELMAN, Board Counsel, Kentucky Board of Examiners of Psychology, 306 W. Main St., Suite 503, Frankfort, Kentucky 40601, phone (502) 696-3992, e-mail: Mark@MarkRBrengelmanPLLC.attorney

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Mark R. Brengelman

Subject Headings: Licensing, Occupations and Professions, and Psychological Services.

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation establishes the requirements for clinical supervision.

(b) The necessity of this administrative regulation:

This regulation is necessary to comply with the provisions of KRS 319.032(1)(l).

(c) How this administrative regulation conforms to the content of the authorizing statutes:

This administrative regulation conforms to the content of the authorizing statutes by establishing the requirements for clinical supervision.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This administrative regulation will assist in the effective administration of the statutes by complying with the requirements of KRS 319.032(1)(l).

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

This amendment will change the administrative regulation by deleting the requirement for face to face contact in clinical supervision and deleting the requirement of board approval for contact by 2 way interactive video.

(b) The necessity of the amendment to this administrative regulation:

The amendment is necessary to accommodate advances in technology and streamline the clinical supervision process.

(c) How the amendment conforms to the content of the authorizing statutes:

This administrative regulation conforms to the content of the authorizing statutes by governing the supervision of certified psychologists and the supervision and employment of licensed psychological associates and candidates for licensure.

(d) How the amendment will assist in the effective administration of the statutes:

This administrative regulation will assist in the effective administration of the statutes by complying with specific statutory requirements placed upon the board.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

This regulation will affect the approximate 1,630 licensees and will also affect new applicants for licensure.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:

Applicants and licensees will have to comply with the requirements for clinical supervision.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):

Applicants and licensees should not incur additional costs.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):

Licensees will be benefitted by being able to conduct clinical supervision by 2-way video without seeking board approval.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

There is no additional cost to implement this regulation.

(b) On a continuing basis:

There will be no additional cost to implement this regulation on a continuing basis.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

The board's operations are funded by fees paid by credential holders and applicants.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

No increase in fees or funding will be required to implement this regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

This administrative does not increase any fees.

(10) TIERING: Is tiering applied?

Tiering is not applied as the regulation applies equally to similarly situated regulated individuals.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:

KRS 319.032(1)(1) and 319.032(2).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:

This administrative regulation is expressly authorized by KRS 319.032(1)(1).

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:

The Kentucky Board of Examiners of Psychology is the promulgating agency. No other state units, parts or divisions are affected.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year:None.

For subsequent years:None.

2. Revenues:

For the first year:None.

For subsequent years:None.

3. Cost Savings:

For the first year:None.

For subsequent years:None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):

No local entities are affected.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year:None. No local entities are identified.

For subsequent years:None. No local entities are identified.

2. Revenues:

For the first year:None. No local entities are identified.

For subsequent years:None. No local entities are identified.

3. Cost Savings:

For the first year:None. No local entities are identified.

For subsequent years:None. No local entities are identified.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):

None.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year:None.

For subsequent years:None. (6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and(5)(a):

2. Revenues:

For the first year:No local entities are identified.

For subsequent years:No local entities are identified.

3. Cost Savings:

For the first year:No local entities are identified.

For subsequent years:No local entities are identified.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)

(a) Fiscal impact of this administrative regulation:

None.

(b) Methodology and resources used to reach this conclusion:

This administrative regulation does not raise or lower fees and has no costs associated with it.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):

This administrative regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion:

This administrative regulation does not raise or lower fees and has no costs associated with it.