Behavioral Sciences Regulatory Board 700 SW Harrison St. Suite 420 Topeka, KS 66603-3929



Phone: 785-296-3240 Fax: 785-296-3112 www.ksbsrb.ks.gov

David B. Fye, JD, Executive Director

Laura Kelly, Governor

# Temporary Permit Application For Out-Of-State Independent Clinical Master's Level Psychologists Instructions

#### Applications should be submitted at least one week prior to the date needed.

This application should be used by Out-of-State Licensed Independent Clinical Master's Level Psychologists, whose license allows for the independent clinical practice of master's level psychology, who wish to provide services in the State of Kansas or for the residents of Kansas, for a limited amount of time.

Instructions for paying the \$200 application fee may be found on **Appendix A.** FEES ARE NON-REFUNDABLE.

The Temporary Permit for Out-of-State Independent Clinical Master's Level Psychologists (Temporary Permit) will be active for one year and authorizes 30 days of practice in the state of Kansas. This practice includes both in-state practice as well as teletherapy to clients located in the state of Kansas when the services are provided.

**Extension of Temporary Permit.** Under emergency circumstances, the Board may extend the Temporary Out-of-State Permit for **not more than one additional year**, which would entitle the Temporary Permit-holder to practice for an additional year and receive 30 additional days of practice for a \$200 fee. If you wish to continue to practice in the state of Kansas after this time period, you will need to apply for a full license.

**Quarterly Reports.** Anyone who holds a Temporary Permit must submit quarterly reports to the Board on the number of days you have practiced in Kansas. Please see the form in this application packet.

The Permit-holder must meet the following requirements:

- A. Hold a license which allows the independent clinical practice of professional counseling.
  - The board is unable to issue a Temporary Permit to any applicant whose license requires that the person practice under supervision; and
- B. Have two years of clinical practice in independent master's level psychology in your home state during the two-years immediately preceding application for a Temporary Out-of-State Permit.

**Verification.** The Board staff will attempt to verify your license(s) on-line. If this service is not available on your state's licensing board's website, you will need to request a verification of your license(s) be sent directly to the BSRB office. The verification must show that your license is active and in good standing in order to be eligible for this Temporary Permit.

Please submit your signed application by mail or email to:

Behavioral Sciences Regulatory Board 700 S.W. Harrison St., Ste. 420 Topeka, KS 66603

bsrb@ks.gov

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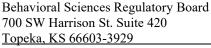
Application Fee: \$200.00 please see Appendix A

. <u>Identifying information:</u>	(Please type or print clearly in	ink)	
_egal Name:			
Last	First		ddle
Maiden/Other names used:		Gender:	
social security number is re	Social Security Number: equired pursuant to 42 U.S.C.S. § 666 support enforcement purposes or pro	6(a)(13), K.S.A. 74-148 and	K.S.A. 74-139,
referred E-Mail Address:			
Preferred Mailing: Home Busi	ness		
lome Phone:	Cell Phone (option	nal):	
Iome Address:		Apartment Number	ər:
ity:	State:	Zip+4:	
Business Phone:	Business Name:		
Business Address:		Suite Numbe	er:
ity:	State:	Zip+4:	
additional sheet for all oth	wing information: (If you hold me er licenses with answers to questi	ons A-F for each one.)	
3. License number:	Issue Date:	Expiration Date:	
. Is this an independent clinical le	vel of licensure?	Ye	s No
Have you practiced independent for a temporary permit?	t master's level psychology for the tw		ing this applications No

E.	State from which above listed license was issued:		
	<ul> <li>Does the above listed state provide the set</li> </ul>	rvice of on-line license verification at no cost? Yes	No
	■ If "No" you will need to have your state bo	pard send verification of your license(s) directly to the b	ooard office.
F.	Is this license in good standing?	Yes	No
G.		o me by the State of Kansas I shall be deemed to have the statutes and regulations that govern the practice o state of Kansas.	
		Yes	No
III.	Applicant's attestation.		
		ne best of my knowledge, the information provided here ttempt to obtain licensure through fraudulent misrepres	
	SIGNATURE	DATE	

You may email the application to <a href="mailto:bsrb@ks.gov">bsrb@ks.gov</a>

Revised 2021



Kansas

Behavioral Sciences
Regulatory Board

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# Temporary Permit Quarterly Report of Dates of Practice in Kansas

(Circle the Appropriate Calendar Year Quarter)	1st Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
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Provide the dates you practiced in Kansas during this quarter, either through in-person services or by providing teletherapy services to clients who were physically located in the state of Kansas. (*Reminder*: Your temporary permit entitles you to no more than 30 days of in-state and teletherapy practice combined during the year it is authorized.)

#### **Dates of Practice in Kansas this Quarter**

1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

#### **Applicant's Attestation**

attest that the information provided herein is true and correct.				
Printed Name:	Temporary Permit #:			
Signature:	Date:			

Behavioral Sciences Regulatory Board 700 SW Harrison St. Suite 420 Topeka, KS 66603-3929 Kansas

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# Appendix A

### **Payment Instructions**

- 1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:
  - (1) visit the BSRB website at <u>ksbsrb.ks.gov</u>
  - (2) select the "SERVICES" drop-down tab from the top of the home screen, and
  - (3) click on the "Make A Payment" link. From this page, you will be asked to provide information allowing us to identify the applicant, select the item you wish to pay for, and you will be able to make a payment for that item.

For use of the secure payment platform, the state of Kansas charges a 2.5 percent processing fee for credit card payments or a \$1.50 flat fee for use of an electronic check. After completing payment, you will receive a confirmation e-mail to confirm your payment.

**2.** Individuals wishing to submit payments to the BSRB office using a check-by-mail or with a money order may continue to mail payments to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. There is no additional fee for processing checks-by-mail or money orders sent to the BSRB office.

The application fee may be paid before or after you submit your application. The application will not be processed until the fee has been received.