

INSTRUCTIONS FOR APPLICATION THROUGH RECIPROCITY FOR PSYCHOLOGY LICENSURE

Please read all instructions and review the statutes and regulations, before beginning to complete the application. The statutes and regulations may be found our website, www.ksbsrb.ks.gov.

You must hold an active license in another state to apply for licensure through reciprocity.

1. Please answer all questions on the application completely and accurately. If there have been any felony convictions or other events that potentially raise questions about your ability to merit the public trust, additional information will be requested.
2. Instructions for paying the \$175.00 application fee may be found on **Appendix A**. FEES ARE NON-REFUNDABLE.
3. As part of the application process, you are required to send **Attachment A = Out-Of-State Clearance form** to each of the licensing boards or jurisdictions you hold, or have held, a license, registration, or certification to practice psychology. The licensing agency should complete the form and return it directly to the board office.
5. When applying through reciprocity there are two possible routes that you may use.

Route One:

The standards of your state's requirements are substantially equivalent to Kansas requirements for licensure, registration or certification. See K.S.A. 74-5315. For licensure requirements see K.A.R. 102-1-5a and 102-1-12.

Route Two:

A – Continuous registration, certification or licensure to practice psychology at the doctoral level for at least 48 of the 54 months immediately preceding the date of application for reciprocity with Kansas with the minimum professional experience required by the board.

- (i) Minimum professional experience is determined to be at least 15 hours of work experience per week for 9 months during each of the 4 years immediately preceding the date of application.

Submit an attestation which is Attachment B of this application with your application.

- B – Absence of disciplinary action of a serious nature brought by a registration, certification or licensing board. This will be attested to on Attachment A and should be completed by your licensing agency.
- C – A doctoral degree in psychology from a regionally accredited university or college.

When you submit your application to the Board office the following items should be included:

- The completed application form;
- The application fee of \$175.00; see Appendix A;
- If applying through Route Two, Attachment B.

Please submit a complete application so that your application will not have to be returned.

These additional items need to be sent directly to the Board office from the appropriate institutions:

- An official transcript that shows the degree earned and the date the degree was conferred from your university;
- Attachment A - Out-of-State Clearance form, from each of the licensing boards or jurisdictions you hold, or have held, a license, registration, or certification to practice psychology.

Please allow 30 days for review of your application. You may now **check the status of your application on our website** www.ksbsrb.ks.gov, under “Applicants.”

The board office will contact you by mail or email regarding the status of your application. Be sure the board office has current contact information on file for you. It is the applicant's responsibility to notify the board in writing of any name or address change that might occur during the application process.

David B. Fye, JD, Executive Director

Laura Kelly, Governor

LICENSURE APPLICATION THROUGH RECIPROCITY

Application Fee Required: \$175.00 please see Appendix A

This application is only for applicants who are currently licensed in another state and are applying under the reciprocity statute.

I. Identifying information: (Please type or print clearly in ink)

Legal Name: _____
Last First Middle

Maiden/Other names used: _____ Gender: _____

Date of Birth: _____ Social Security Number: _____ (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

Preferred E-Mail Address: _____ Preferred Mailing: Home _____ Business _____

Home Phone: _____ Cell Phone (optional): _____

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip+4: _____

Business Phone: _____ Business Name: _____

Business Address: _____ Suite Number: _____

City: _____ State: _____ Zip+4: _____

A. Are you a military servicemember (a current member of any branch of the United States armed services, United States military reserves or national guard of any state, or a former member with an honorable discharge)

Yes _____ No _____

(If yes, please provide a copy of your military ID, a copy of your DD-214, or other proof of military service.)

B. Are you a military spouse (the spouse of a military servicemember)?

Yes _____ No _____

(If yes, please provide a copy of your military ID, DD-214, or other proof of military service.)

C. Have you established residency in the State of Kansas?

Yes _____ No _____

D. If no, do you intend to establish residency in the State Kansas?

Yes _____ No _____

If "Yes" please explain:

II. Information on Current Licensure:

A. Do you currently hold a certificate, registration or license to practice mental health in another state or jurisdiction?

Yes _____ No _____

If "yes", please answer the following questions:

1. Under what name: _____

2. For which state: _____ License Number: _____

3. For which credential: _____ Is this a clinical level? Yes _____ No _____

4. Does this credential allow you to practice independently, including the diagnosis and treatment of mental disorders? Yes _____ No _____

5. Date Issued: _____ Expiration Date _____

6. Was this continuous licensure? Yes ___ No ___
If "no", what period of time where you **NOT** licensed? _____

B. Have you ever filed any application for licensure or registration in Kansas? Yes ___ No ___
If "yes", please answer the following questions:

1. Under what name: _____

2. When: _____ For which credential: _____

If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences in another state or jurisdiction, you will need to have the former state Board(s) complete an Out-of-State Clearance Form. The state board should send the completed form directly to us.

III. Merit of the Public Trust:

A. If you answer yes to question 1 and/or 2, regarding convictions, you are required to complete the Conviction Packet. Click on this link to download [Conviction Packet](#) or you may find this packet on our website, www.ksbsrb.ks.gov under forms. See # 2 in the instructions.

1. Have you ever been convicted of a felony? Yes ___ No ___
2. Have you ever been convicted of a misdemeanor crime against a person? Yes ___ No ___

B. If you answer "Yes" to any of the following questions, **you are required to submit as part of your application a signed, dated, type-written explanation that gives specific details including disposition of the matter.**
Your application will not be processed without this information.

3. Have you ever had a complaint filed with a professional association or a certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct?
Yes ___ No ___
4. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes ___ No ___
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes ___ No ___
6. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? Yes ___ No ___
7. Have you used controlled substances which were obtained illegally, or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes ___ No ___
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes ___ No ___
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes ___ No ___
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes ___ No ___

IV. Educational Qualifications:

A. Transcript(s): As part of the application process, each applicant is required to provide a verification of their degree. This can be verified by your state licensing agency on the out of state clearance form they are required to complete and submit. If your state licensing agency does not provide verification of your degree than you will be required to submit an official transcript from the Registrar's office of the college or university where your degree was granted. Please direct the school to send the transcript directly to the Board office. We will not accept transcripts sent directly from the applicant.

B. List all colleges or universities you have attended and at what level:

INSTITUTION	DATES OF ATTENDANCE From - To	MAJOR/AREA OF CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED

C. Give other name(s) under which your coursework was taken or your degree was conferred, if different from the name you use now:

VIII. Applicant's Attestation:

- A. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes ___ No ___
- B. I have completed the application materials and procedures honestly and in good faith. Yes ___ No ___
- C. I understand that the members and staff of BSRB are compelled by law to uphold, implement and enforce the licensure statutes and regulations as written. Yes ___ No ___
- D. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but any such research will not personally identify the applicants or licensees, either directly or indirectly. Yes ___ No ___
- E. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or licensure renewal. Yes ___ No ___
- F. I **have read** and am familiar with the statutes and regulations governing the practice psychology in the State of Kansas. Yes ___ No ___
- G. I understand that **once the Board receives my application I am bound by, and will abide by, the statutes and regulations** governing the profession of the license for which I am applying. Yes ___ No ___

Signature: _____ Date: _____

APPLICATION FOR LICENSURE THROUGH RECIPROCITY

Attachment A - Out-of-State Clearance form

Instructions:

Section 1 is to be completed by the applicant and then sent to the out-of-state board for completion. Additional copies of this form may be made and used as needed by the applicant.

Section 2 is to be completed by a representative of the out-of-state board, and then returned directly to the board office.

I. SECTION 1: This section is to be completed by the applicant:

- A. Name: _____
- B. Social Security #: _____ Date of Birth: _____
- C. Maiden or other name in which license was issued: _____
- D. Type of Credential held in the other state _____
- E. Type or Field of Practice: _____
- F. License Number: _____
- G. Date of Issuance: _____
- H. Date of Expiration: _____
- I. Level of Licensure (Baccalaureate, Masters, Doctorate): _____
- J. Current licensing requirements to be submitted with out of state clearance form? **Yes** ____ **No** ____
If you are applying for licensure through "substantially equivalent" licensing requirements, your current licensing agency will need to provide current licensing requirements with this form.

II. SECTION 2: This section is to be completed by the State Board. Upon completion, please return this form to: BSRB, 700 S.W. Harrison St., Ste. 420, Topeka, KS 66603-3929.

- A. Type of Credential (please circle applicable designation): Licensure ____ Registration ____ Certification ____
- B. Type or Field of Practice: _____
- C. Lic/Reg/Cert Title _____ Lic/Reg/Cert Number: _____
- D. Date Issued: _____ Date of Expiration: _____
- E. Did license ever lapse or expire prior to date of expiration listed in letter "D"? **Yes** ____ **No** ____
If yes, please explain _____
- F. Level of Lic/Reg/Cert (Baccalaureate, Masters, Doctorate): _____
- G. Does this license allow independent practice including the diagnosis and treatment of mental disorders?
Yes ____ **No** ____
- H. Is Lic/Reg/Cert in Good Standing? **Yes** ____ **No** ____ If "no", please state reason(s):

I. Has the Lic/Reg/Cert ever been suspended or revoked? **Yes** ___ **No** ___ If **“yes”**, please state reason(s):

J. Has the Lic/Reg/Cert ever been surrendered voluntarily in lieu of an investigation? **Yes** ___ **No** ___
If **“yes”**, please explain:

K. Degree Information:

University or College where degree was granted _____

What Degree did the licensee receive _____ Major _____

Date Degree Received _____

L. Examination Information:

Name of examination taken _____

Who Administered the examination _____

What level of examination did the licensee complete _____

Through what state or jurisdiction _____ Date exam was taken _____

Required score to pass _____ Score Received _____ Passed? **Yes** ___ **No** ___

N. Additional Comments:

Signature of State Board Representative: _____ Date: _____

Printed Name: _____

Official Title/Position: _____

State or Jurisdiction: _____

Agency: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____



APPLICATION FOR LICENSURE THROUGH RECIPROCITY
Attachment B - ATTESTATION OF PROFESSIONAL PRACTICE IN PSYCHOLOGY

I. Please complete the following information:

Applicant Name _____

Lic/Reg/Cert Type _____ Lic/Reg/Cert # _____

I _____, attest that I have engaged in the professional practice of psychology at the doctoral level an average of at least 15 hours per week for 9 months during each of the 4 years immediately preceding the date of this application for licensure through reciprocity.

Please provide the requested information for each work site you where you have practiced during the five years immediately preceding the date of this application. Attach an additional sheet if necessary.

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

II. Signature

I attest that the foregoing information is true to the best of my knowledge.

Printed Name _____

Signature of Applicant _____ Date _____

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 ksbsrb.ks.gov
- (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.