

## Information for Reinstatement of Social Work Licenses

If a social work license is allowed to lapse through lack of renewal, the license must be reinstated, regardless of the amount of time that has elapsed since the license expired.

As required in statute and regulation, all social workers who allow their license to lapse are required to submit documentation of continuing education totaling 40 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and 6 hours of Diagnosis and Treatment for all LMSW and LCSW licenses. This continuing education must meet all current definitions of continuing education, and focus on social work skills, values, practice or knowledge.

The reinstatement process may NOT be circumvented by applying for a new license with a request for waiver of the examination.

In order to reinstate your license, you must submit the following materials to the Board office for review:

- The completed and signed Application for Reinstatement of Social Work license
- Fees for LASW \$100.00, which includes \$50.00 for late renewal, and \$50.00 for reinstatement of license.
- Fees for LBSW \$100.00, which includes \$50.00 for late renewal, and \$50.00 for reinstatement of license.
- Fees for LMSW \$150.00, which includes \$75.00 for late renewal, and \$75.00 for reinstatement of license.
- Fees for LCSW \$200.00, which includes \$100.00 for late renewal, and \$100.00 for reinstatement of license.
- This fee must be submitted at the time of application for reinstatement, Please see Appendix A for payment instructions.
- The completed and signed Continuing Education Report Form with **original certificates of attendance** and all other supporting documentation for continuing education. **If you would like your original certificates returned, please include a self-addressed stamped envelope.**

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov) for further information.

Behavioral Sciences Regulatory Board  
700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
David B. Fye, JD, Executive Director



Phone: 785-296-3240  
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[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)  
Laura Kelly, Governor

## APPLICATION FOR REINSTATEMENT OF ALL LEVELS OF SOCIAL WORK LICENSE

Reinstatement fees are as followed:

LASW	\$100.00	\$50.00 for late renewal, and \$50.00 for reinstatement of license
LBSW	\$100.00	\$50.00 for late renewal, and \$50.00 for reinstatement of license
LMSW	\$150.00	\$75.00 for late renewal, and \$75.00 for reinstatement of license
LSCSW	\$200.00	\$100.00 for late renewal, and \$100.00 for reinstatement of license

### DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: \_\_\_\_\_ CE Requirements Met: \_\_\_\_\_  
CE Hours Short: \_\_\_\_\_ Initials \_\_\_\_\_

### PLEASE TYPE OR PRINT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Name under which license was issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred mailing address? Home \_\_\_\_\_ Business \_\_\_\_\_ Preferred E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Business Name / Agency \_\_\_\_\_

Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Address of Record: *(Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)*

Address of Record: \_\_\_\_\_  
Street Apt # City State Zip+4

Length of Employment \_\_\_\_\_ Have you been continuously employed? \_\_\_\_\_

In your current job, do you participate in the delivery of social work services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of supervisor \_\_\_\_\_

Please explain why you allowed your social work license to expire:

Are you licensed to practice in a State other than Kansas? \_\_\_\_\_

If yes, provide State, license type and number \_\_\_\_\_

**Section I – Reinstatement Background Information:**

**-- If you answer yes to any of the following questions, YOU MUST GIVE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH YOUR REINSTATMENT.**

1. Have you been convicted of a felony since your last renewal? Yes \_\_\_ No \_\_\_
2. Have you been accused of unethical behavior or unprofessional conduct since your last renewal? Yes \_\_\_ No \_\_\_
3. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
4. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
5. Have you been rejected for membership in a professional organization since your last renewal? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
6. Has your membership in a professional organization been revoked since your last renewal? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
7. Have you been censured by a professional organization of which you were a member since your last renewal? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
8. Has your license, granted by this state or any other state for the practice of social work or practice in any of the behavioral sciences been limited, restricted, suspended, revoked or subjected to other disciplinary action since your last renewal? Yes \_\_\_ No \_\_\_ If yes, give details on a separate sheet and attach.
9. Are you currently offering social work services in private practice in Kansas under supervision? Yes \_\_\_ No \_\_\_ If yes, please give details on a separate sheet and attach.
10. Are you currently offering services in private practice in Kansas without supervision? Yes \_\_\_ No \_\_\_ If yes, please give details on a separate sheet and attach.
11. Since your social work license expired, have you practiced in Kansas as a social worker? Yes \_\_\_ No \_\_\_ If yes, please give details on a separate sheet and attach.
12. Since your license expired, have you represented yourself in Kansas as a social worker? Yes \_\_\_ No \_\_\_ If yes, please give details on a separate sheet and attach.
13. Since your social work license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for social work or related services you provided in Kansas? Yes \_\_\_ No \_\_\_ If yes, please give details on a separate sheet and attach.

**Section II – Reinstatement Applicant’s Attestation:**

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of social work and the Continuing Education Guidelines for the State of Kansas. Yes \_\_\_ No \_\_\_

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a social worker does accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. Yes \_\_\_ No \_\_\_

I attest that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Name: \_\_\_\_\_ License number and Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

This form is to be submitted by all licensees who have requested their licenses be reinstated. Please return the completed and signed form along with the **ORIGINALS** of all continuing education documentation, to the board office.

Copies of this form may be made if necessary if you run out of room for documenting your continuing education hours.

As part of the continuing education hours required for each renewal cycle, each applicant shall complete 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except LAC and LBSW, shall complete 6 hours of continuing education on diagnosis and treatment of mental disorders or if LCAC diagnosis and treatment of a substance abuse disorder.

Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Professional Ethics:

\_\_\_\_\_

Diagnosis and Treatment:

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Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Other Continuing Education:

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Applicants Signature: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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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 [ksbsrb.ks.gov](http://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.