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

Kansas
Behavioral Sciences
Regulatory Board

Phone: 785-296-3240
Email: bsrb@ks.gov
www.ksbsrb.ks.gov
Laura Kelly, Governor

Temporary Permit Application For Out-Of-State Independent Clinical Professional Counselors

Instructions

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

This application should be used by Out-of-State Licensed Professional Counselors, whose license allows for the independent clinical practice of professional counseling, 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.** *DO **NOT** SUBMIT PAYMENT UNTIL **AFTER** YOU HAVE BEEN APPROVED FOR A PERMIT OR EXTENSION OF A PERMIT. FEES ARE NON-REFUNDABLE.*

The Temporary Permit for Out-of-State Independent Clinical Professional Counselors (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 (paid only if you are approved by the Board). 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 professional counseling 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:

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Topeka, KS 66603
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Application Fee: $200.00 please see Appendix A

I. Identifying information: (Please type or print clearly in black or blue 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:**_____

II. Please provide the following information: (If you hold more than one license, please attach an additional sheet for all other licenses with answers to questions A-F for each one.)

A. Type of license you currently hold: _____

B. License number: _____ Issue Date: _____ Expiration Date: _____

C. Is this an independent clinical level of licensure? **Yes_____ No_____**

D. Have you practiced independent / clinical professional counseling for the two years immediately preceding this application for a temporary permit?

Yes_____ No_____

E. State from which above listed license was issued: _____

- Does the above listed state provide the service of on-line license verification at no cost? **Yes_____ No_____**
- **If "No"** you will need to have your state board send verification of your license(s) directly to the board office.

F. Is this license in good standing? **Yes_____ No_____**

G. I understand that if a Temporary Permit is issued to me by the State of Kansas I shall be deemed to have submitted to the jurisdiction of the board and shall be bound by the statutes and regulations that govern the practice of clinical professional counseling in the State of Kansas. **Yes_____ No_____**

III. Applicant's attestation.

I understand in signing this document I attest that, to the best of my knowledge, the information provided herein is true and correct. I further understand that it is unlawful to attempt to obtain licensure through fraudulent misrepresentation.

_____

SIGNATURE DATE

You may email the application to bsrb@ks.gov

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Temporary Permit
Quarterly Report of Dates of Practice in Kansas

(Circle the Appropriate Calendar Year Quarter) 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

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

I attest that the information provided herein is true and correct.

Printed Name: _____ Temporary Permit #:_____

Signature:_____ Date: _____

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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
(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 must be paid only after you are approved by the Board.