

Information for Reinstatement of Professional Counselor Licenses

If a professional counselor license lapses due to 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 persons wishing to reinstate their license are required to submit documentation of continuing education totaling 30 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and 3 hours of Diagnosis and Treatment. This continuing education must meet all current continuing education requirements, and focus on professional counseling 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.

If you have not completed the required continuing education to reinstate your license, you may apply for a six-month reinstatement temporary license, which will allow you to practice up to six months while you complete the required continuing education for your permanent license to be reinstated. You will submit the application and pay \$25 for the reinstatement temporary license.

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 Professional Counselors license
- If you have completed all required continuing education, the completed and signed Continuing Education Report Form with **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.**

You will be notified by email when your application has been reviewed and the reinstatement fee is due.

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at ksbsrb.ks.gov for further information.

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

APPLICATION FOR REINSTATEMENT OF LPC AND LCPC LICENSE

If your license has been expired for less than one year, reinstatement fees are as followed:

LPC	\$200.00	\$100.00 for late renewal, and \$100.00 for reinstatement of license
LCPC	\$250.00	\$125.00 for late renewal, and \$125.00 for reinstatement of license

You will be notified by email when your application has been reviewed and the reinstatement fee is due.

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 E-mail address: _____ Preferred mailing address? Home _____ Business _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Cell phone #: () _____

Business Name / Agency _____

Address Street: _____ Suite #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Fax #: () _____

Length of Employment _____ Have you been continuously employed? _____

In your current job, do you participate in the delivery of professional counseling services?

Yes _____ No _____

If yes, name of supervisor _____

Please explain why you allowed your professional counselor 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 in Section I, YOU MUST GIVE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH YOUR REINSTATEMENT.

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 ___
4. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice?
Yes ___ No ___
5. Have you been rejected for membership in a professional organization since your last renewal?
Yes ___ No ___
6. Has your membership in a professional organization been revoked since your last renewal?
Yes ___ No ___
7. Have you been censured by a professional organization of which you were a member since your last renewal?
Yes ___ No ___
8. Has your license, granted by this state or any other state for the practice of professional counseling 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 ___
9. Are you currently offering professional counseling services in private practice in Kansas under supervision?
Yes ___ No ___
10. Are you currently offering services in private practice in Kansas without supervision?
Yes ___ No ___
11. Since your professional counseling license expired, have you practiced in Kansas as a professional counselor?
Yes ___ No ___
12. Since your license expired, have you represented yourself in Kansas as a professional counselor?
Yes ___ No ___
13. Since your professional counseling license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for professional counseling or related services you provided in Kansas?
Yes ___ No ___

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 professional counseling 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. 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 _____

