

INSTRUCTIONS FOR FILING AND INFORMATION ABOUT THE PSYCHOLOGY LICENSURE APPLICATION IN THE STATE OF KANSAS

A psychology licensure application may be filed with the board once you have begun your postdoctoral work hours or if you are ready to begin your post doctoral work hours. The board will not review an application until it is complete (all transcripts and supervisor attestation forms must have been received, along with other required documentation.)

To begin your application process, submit the following items:

1. APPLICATION FORM Prior to completing the application read all instructions and review the statutes and regulations relevant information. The statutes and regulations can be found on our website, www.ksbsrb.ks.gov

2. EMAIL The BSRB requires that you provide an email address. Email is the Board's primary method of communication. If you change your email address, update your information with the Board office right away.

NAME AND ADDRESS changes must also be updated with the Board office. A name change will affect your ability to sit for the examination.

3. CRIMINAL CONVICTION/S - You are required to report the following convictions:

- A. Conviction of any felony
- B. Conviction of any misdemeanor crime against a person

Either of the above listed convictions will require you to complete the Conviction Packet. You may click on this link to download the: [Conviction Packet](#) or you may find this packet on our website, www.ksbsrb.ks.gov under forms. You must return the required documentation with your application packet. **Your application will not be reviewed without this information.** Your application will require a determination from the full Board on eligibility for licensure. **Please allow extra time for a decision to be made on your application.**

4. APPLICATION FEE Instructions for paying the \$175 application fee may be found on **Appendix A. FEES ARE NON-REFUNDABLE.**

5. EDUCATIONAL REQUIREMENTS The educational requirements for psychology licensure are contained in K.S.A. 74-5310 (a) (3) and defined in K.A.R. 102-1-12. The board has adopted educational standards that are consistent with APA at the time your degree was conferred; the board will accept your education as satisfying the statutory requirement if you have graduated from an APA program and met the minimum 24 semester credit hour, or the academic equivalent, residency requirement.

If you **did not** graduate from an APA accredited program, it is your responsibility to demonstrate to the board that the program from which you graduated satisfies the current requirements set forth in K.A.R. 102-1-12. You will need to complete Attachment A-Education Worksheet and submit all supporting documentation listed on that from. **For programs not accredited by the APA it may be between four to six months before a determination is made on your application.**

6. TRANSCRIPT You will need to make arrangements with the Registrar's office of your college or university to have your doctoral degree transcript sent directly to the board office. **Transcripts submitted by an applicant cannot be accepted.** Graduates of foreign academic institutions should read K.A.R. 102-1-3 (C).

If your degree has not been posted on your transcript you must have a formal letter from the department head stating you have completed all degree requirements, the date the requirements were granted, and the date the board may expect the transcript with degree posted.

7. STUDENT RESIDENCY REQUIREMENT FORM You will complete the top of the Student Residency Requirement form and submit the form to the college or university where your doctorate degree was completed. The form needs to be returned directly to the board office from the university. This may be sent by postal mail or email to bsrb@ks.gov

8. EXAMINATION Each psychology licensure applicant is required to take the Examination for Professional Practice in Psychology (EPPP), which is the national examination. The passing scaled score is 500. If you have passed this examination at 500 or above in another state, you need to make arrangements with either the Interstate Reporting Service to provide the board office with verification of your examination score, or the licensing board in the state in which you took the exam to have your score recorded on the License Verification form and sent directly to the board office.

In Kansas, an applicant is not permitted to sit for the examination until they make application, and the board determines that the applicant satisfies the educational requirements. You may apply for licensure even though you have not completed the 1800 hours of post-doctoral supervision and be eligible for the temporary LP license. You will need to submit with your application an attestation from your postdoctoral supervisor or the person who will be your postdoctoral supervisor.

The examination fee is \$600.00 and is a separate fee from that of your application. The examination fee is required for each administration. Do not enclose the examination fee with your application. Once the board determines your eligibility to sit for the exam, you will receive an email from the Board. Additionally, you will receive three emails from support@ksbsrb.certemy.email.

9. TEMPORARY LICENSE If you are interested in obtaining the temporary license, this is the application form you need to complete and submit for review. In order to qualify for the temporary license, you must have completed all degree requirements for your doctoral degree and have either begun your postdoctoral work hours **or** you are ready to begin your postdoctoral work hours. The temporary license will expire upon receipt of the permanent license or 24 months from the date of issuance. There is a fee of \$50.00 for the temporary license. This temporary license fee is in addition to the application fee. *Please do not send the temporary license fee with the application.*

OR

COMMUNITY-BASED LICENSE A Community-Based License is an alternative to a traditional temporary license. In order to qualify for the Community-Based license, you must have completed all degree requirements for your doctoral degree, and have either begun your postdoctoral work hours **or** you are ready to begin your postdoctoral experience **and** you are employed by a community mental health center as defined in K.S.A. 39-2002, a federally qualified health center as defined in K.S.A. 65-7402, a psychiatric residential treatment facility as defined in K.S.A. 39-2002, or a private treatment facility as defined in K.S.A. 59-29b46. In order to obtain a Community-Based License you will need to complete the [Community-Based License form](#) by clicking on the link or the form may be found at <https://ksbsrb.ks.gov/forms> under General Forms.

In order to qualify for a community-based license, you must have completed all degree requirements for your doctoral degree, and you have either begun your postdoctoral work hours **or** you are ready to begin your postdoctoral work hours. Community-Based License will expire upon receipt of the permanent license or 24 months from the date of issuance. **A Community-Based License may not be renewed or extended and will not be issued again on any subsequent applications at the same licensure level.**

If you qualify, you will be issued only one of the two license types listed above (temporary license OR Community-Based License). If you obtain a temporary license, you cannot obtain a Community-Based License. If you obtain a Community-Based License, you cannot obtain a temporary license.

10. SUPERVISOR ATTESTATION, POSTDOCTORAL SUPERVISION PLAN AND PROFESSIONAL REFERENCE FORMS You must have a total of at least four psychologists supporting your application for licensure. *If you do not have at least four supervisors, you will need to bring the total up to four people by having licensed psychologist colleagues complete Professional Reference forms.*

Each applicant shall have completed “at least two years of supervised experience, a significant portion of which shall have been spent in rendering psychological services satisfying the board’s approved standards for the psychological service concerned.” [K.S.A. 74-5310 (a) (4)] The board will permit not more than one year (1,800 hours) of the two-year (3,600-hour) requirement to have been completed in a pre-doctoral internship or residency. If your degree is not from an APA accredited program and your internship was not APA accredited the board will mail a letter to your internship director, provide their contact information. Not less than one year (1,800 hours) shall have been completed in a post-doctoral, supervised work experience. The requisite supervised work experience is defined in K.A.R. 102-1-5a. Please read this regulation carefully.

Supervisor Attestation form should be sent to the Clinical Director of your internship. They may complete the form based on your records and include the number of hours of supervision that you received during the entirety of the internship, across all supervisors.

You must provide a Supervisor Attestation or Postdoctoral Supervision Plan form from every postdoctoral supervisor. Postdoctoral supervisors must have been licensed and practicing for **two years** beyond their date of licensure before they may provide supervision.

Supervisor Attestation form (if you have completed your postdoctoral experience) must be completed by every psychologist who provided supervision during your postdoctoral experience.

Postdoctoral Supervision Plan (if you have not yet completed your postdoctoral experience) must be completed by every psychologist who provided supervision during your postdoctoral experience.

If one person provided both pre and postdoctoral supervision this supervisor will only count as one of the four required people completing forms in support of your application for psychology licensure.

If you do not have four supervisors completing the Supervisor Attestation form or Postdoctoral Supervision Plan, you must include Professional Reference forms. Include Professional References to bring the total number of psychologists completing forms for your application to four.

Once the attestations and references have been filled out, they will need to be ***returned to you in sealed envelopes, with a signature over the seal. Return these references/attestations UNOPENED with your application.***

If your **doctorate program held ACCREDITATION FROM THE APA** at the time your degree was conferred, please allow **30 days for the board office to review your complete application.** You will be notified by email or mail once your application has been reviewed.

If your **doctorate program DID NOT HOLD ACCREDITATION FROM THE APA**, it may take several months for a determination to be made regarding your application. The extra time is required for the review to determine if it meets the board's education requirements, which requires significant information from your program.

You may check the status of your application on our website www.ksbsrb.ks.gov, under "***Services, Application Status Check.***"

This Page is Intentionally Left Blank

APPLICATION FOR LICENSURE FOR THE PRACTICE OF PSYCHOLOGY

This application is used when applying for either a temporary psychology license or a permanent psychology license.
The application fee is: \$175.00; Please see Appendix A. Only typewritten or clearly printed information will be accepted. FAX copies will not be accepted. ALL QUESTIONS IN THE APPLICATION SHALL BE ANSWERED. IF NOT ANSWERED, THE APPLICATION CANNOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.

A. GENERAL INFORMATION SECTION (Please type or print clearly in ink)

Are you seeking temporary licensure? (See #9 in the instructions) Yes _____ No _____

OR

Are you seeking a community-based license? (See #9 in the instructions) Yes _____ No _____

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: _____

B. BACKGROUND HISTORY If you answer "yes", 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.

1. Have you ever been convicted of a felony? Yes No
If yes, please complete the [Conviction Packet](#)
2. Have you ever been convicted of a misdemeanor crime against persons? Yes No
If yes, please complete the [Conviction Packet](#)
3. Have you ever had a complaint filed with a professional association or a psychology certifying or licensing body against you for alleged unethical behavior, unprofessional conduct or any other ground(s)? Yes No
4. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other ground(s)? Yes No
5. Has any state or province denied your application? Yes No
6. Have you ever been sued for malpractice? Yes No
7. 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

8. Have you ever had a certificate or license granted and subsequently revoked or surrendered? Yes No.
9. Have you ever been rejected for membership in a professional organization? Yes No.
10. Has your membership in a professional organization ever been revoked? Yes No.
11. Have you ever been censured by a professional organization of which you were a member? Yes No.

C. APPLICATION/LICENSURE INFORMATION

1. Have you ever filed an application for licensure in the State of Kansas? Yes No.
If "Yes," what credential, when, and under what name? _____
2. If you hold a certificate or license of another state or its agency, please complete the following information. Also have the Verification of License form completed and sent directly to the Board office.
- State: _____; License/Certificate Type: _____; Date of Issuance: ____/____/____;
Date of Expiration: ____/____/____; Under what name _____
- State: _____; License/Certificate Type: _____; Date of Issuance: ____/____/____;
Date of Expiration: ____/____/____; Under what name _____
- State: _____; License/Certificate Type: _____; Date of Issuance: ____/____/____;
Date of Expiration: ____/____/____; Under what name _____
3. Have you taken and passed the Examination for Professional Practice in Psychology (EPPP)? Yes No.
If "Yes," please have your examination score sent to Kansas from the state where you took the exam or the ASPPB.

D. EDUCATION SECTION

Please have all graduate transcripts sent directly from your college or university the board office. If your doctoral degree was not conferred by a psychology program that held APA accreditation, you are required to complete and submit The EDUCATION WORKSHEET.

1. What name will appear on the transcript(s)? _____
Institution: _____
Major and/or Concentration: _____
Degree received: _____; Date Degree conferred: ____/____/____; APA Accredited Program: Yes No.
2. What is/are the area(s) of emphasis (e.g., clinical psychology, counseling psychology, developmental psychology, industrial/organizational psychology, or school psychology), in which you consider yourself qualified to offer services?

3. List name and address of agency(ies) where **internship(s)** were completed:
- a. _____
Internship was started on ____/____/____ and completed on ____/____/____.
Number of hours per week worked: _____. How many total hours of internship did you complete in this setting?
_____. Was this an APA approved internship? Yes No
Name and title of Supervisor: _____
Name of Director of Internship _____
- b. _____
Internship was started on ____/____/____ and completed on ____/____/____.
Number of hours per week worked: _____. How many total hours of internship did you complete in this setting?
_____. Was this an APA approved internship? Yes ___ No ___
Name and title of Supervisor: _____
Name of Director of Internship _____

E. POSTDOCTORAL EXPERIENCE

Please list the name and address of the agency where you obtained or are obtaining the **post doctoral** supervised psychological work experience. Include the name and title of the licensed or licensable psychologist(s) who provided or will be providing the supervision. If the one-year (1800 hours) was obtained in only one agency setting, complete "a." If the one year was obtained in more than one agency setting, complete both "a." and "b."

a. Name and address of agency: _____

Name and title of supervisor(s): _____

Supervision began on ____/____/____ and was completed on ____/____/____.
How many hours per week did you receive supervision? _____.

- 1) "Direct psychological service is defined to mean intake assessment, psychological testing, psychotherapy, and consultation services. Direct Services also include report writing, scoring and analysis and documentation of treatment services. "At least 900 hours per year of supervised experience shall be spent providing clinical psychological services".
How many hours of direct psychological service did you provide in this setting? _____.
- 2) "General or non clinical psychological service" may include such activities as applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psychoeducational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationships. "At least 180 hours per year of supervised experience shall be spent providing general or non clinical psychological services".
How many hours of general or non clinical psychological services did you provide in this setting? _____
- 3) Did you receive one (1) hour of supervision for every 40 hours that you worked? Yes No.
If "No," how many hours of supervision did you receive? _____
- 4) Did you receive one (1) hour of supervision for each 20 hours of direct face to face client contact? Yes No.
If "No," how many hours of supervision did you receive? _____.

b. Name and address of agency: _____

Name and title of supervisor(s): _____

Supervision began on ____/____/____ and was completed on ____/____/____. How many hours per week did you receive supervision? _____.

- 1) "Direct psychological service" is defined to mean psychological assessment, psychotherapy, and consultation. Please see K.A.R. 102-1-5a (c) (2). "At least 900 hours per year of supervised experience shall be spent Providing clinical psychological services".
How many hours of direct psychological service did you provide in this setting? _____.
- 2) "General or non clinical psychological service". Please see K.A.R. 102-1-5a (c) (3). "At least 180 hours per year of supervised experience shall be spent providing general or non clinical psychological services".
How many hours of general or non clinical psychological services did you provide in this setting? _____
- 3) Did you receive one (1) hour of supervision for every 40 hours that you worked? Yes No.
If "No," how many hours of supervision did you receive? _____
- 4) Did you receive one (1) hour of supervision for each 20 hours of direct face to face client contact? Yes No.
If "No," how many hours of supervision did you receive? _____.

2. **ADDITIONAL INFORMATION.**

State any additional information about your education and experience that you feel would be useful to the board in determining your qualifications for licensure.

F. SUPERVISOR SECTION You must have a total of at least four psychologists supporting your application for licensure. If you do not have at least four supervisors, you will need to bring the total up to four people by having licensed psychologist colleagues complete Professional Reference form/s.

1. **POSTDOCTORAL SUPERVISOR(S):** Please list the name and address of each supervisor who provided and can attest to your one-year postdoctoral supervised experience requirement. *Attach a separate sheet if needed.* You will send each supervisor the Supervisor Attestation form.

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

2. **PREDOCTORAL SUPERVISOR(S):** Please list the name and address of your internship supervisor Training Director that can attest to your experience in the predoctoral internship setting.

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

3. **PROFESSIONAL REFERENCE(S):** Please list the name and address of your Professional References. **You only need to include professional references if you do not have four supervisors completing forms on your behalf.**

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

Name: _____
Address: _____
Position: _____ Degree _____ Known Since _____

G. APPLICANT'S ATTESTATION SECTION

1. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes No
2. I have completed the application materials and procedures honestly and in good faith. Yes No
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written. Yes No
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly. Yes No
5. 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 renewal. Yes No
6. I **have read** and am familiar with the statutes and regulations that govern the practice of psychology in the state of Kansas. Yes No
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of psychology in Kansas.** Yes No

I hereby affirm that to the best of my knowledge all answers to the foregoing are true and correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.

Signature of Applicant

Date of Application

This Page is Intentionally Left Blank

Student Residency Requirement

Applicant Instructions: Please complete the top of this form. Submit the form to the Department Chair, Dean of students or an official of the university who holds an administrative title for completion.

_____ has applied for psychology licensure in the State of Kansas.
Student Name

Name of University: _____ Department: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

University Instructions: Please complete the second half of the form and return directly to the board office at the address below.

Kansas Psychology regulation 102-1-12 requires that at least 24 semester credit hours, or the equivalent number of quarter or trimester credit hours, in the substantive areas identified below be taken in residence. **“In residence,”** when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in physical proximity and face-to-face contact. K.A.R. 102-1-12(b)(13)(C) states:

“(C) the methods of diagnosing or defining problems through psychological assessment and measurement and the strategies and techniques of therapeutic intervention or remediation. A minimum of 24 semester credit hours in this substantive area, or the equivalent number of quarter or trimester credit hours, shall be completed by the student while the student is in residence...”

Did the psychology program that this student completed meet this residency requirement?

_____ Yes _____ No

Printed Name of Person Completing Form

Signature of Person Completing Form

Title

Date

Upon completion, please fax, email or mail this form directly to:

Behavioral Sciences Regulatory Board

Attn: Leslie Allen

bsrb@ks.gov

Fax: 785-296-3112

Or mail to address above

This Page is Intentionally Left Blank



APPLICATION FOR LICENSED PSYCHOLOGIST

Supervisor Attestation - Professional Psychology Experience

Instructions for the applicant: Please complete **Section I** and submit to the supervisor for completion. Additional copies of this form may be made and used as needed. Completed Supervisor Attestation forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

Instructions for the supervisor: Please complete the appropriate sections of the form. Place the completed form in an envelope, **sign across the seal** and return to the applicant.

Section 1:

To: (Name of Supervisor) _____

From: (Name of Applicant) _____

I am applying for licensure as a Psychologist in the State of Kansas and am required to provide information in support of that application. This form, bearing my signature, gives my consent and authorization to release any and all information or documents that may be material to an evaluation of my qualifications, competence and merit of public trust.

I authorize the Behavioral Sciences Regulatory Board and its representatives to consult with you regarding my professional competence, character, ethical qualifications, ability to work cooperatively with others and any other qualifications for licensure.

I release from liability any and all individuals, institutions, and organizations who provide information to the Behavioral Sciences Regulatory Board or its representatives, in substantial good faith and without malice, concerning my professional conduct, ethics, character and other qualifications for licensure.

I consent to the inspection by the Behavioral Sciences Regulatory Board and its representatives of all documents that may be material to an evaluation of my qualifications and competence.

Signature of Applicant: _____ **Date:** _____

Section II:

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across, the Board will compare your signature on the form to the signature on the seal of the envelope to insure confidentiality.

Psychologist Supervisor Definition.

The Kansas administrative regulations [K.A.R. 102-1-1(m)] "Supervision" means the formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, appropriate attitudes, and ethical standards in the practice of psychology. Supervision shall include both general training supervision and individual clinical supervision. A psychologist supervisor, for training purposes means an individual licensed or certified at the doctoral level in that person's state to engage in the practice of psychology, and who has or had, in full or in part, legal, administrative or professional authority over and responsibility for the professional functioning of the applicant."

The above-named individual is applying for psychology licensure in the State of Kansas.

Under the regulatory definition that is provided, do you qualify as having been, or as being the applicant's supervisor?

Yes ____ No ____

Note: If you do not qualify to serve as a psychologist supervisor, please alert the applicant.

Section III. Supervisor's Information:

Supervisor Name: _____

Supervisor Address: _____

Supervisor Phone: (____) _____ Supervisor Email: _____

Please list the titles, degrees, licenses or certificates you held during the time that you supervised the applicant.

Title: _____ Degree: _____

License or Certificate Type and Number: _____ State: _____ Original Issue Date: _____

Please indicate whether the supervision you provided to the applicant was: Predoctoral _____; or postdoctoral _____.

Please indicate the applicant's major area of professional work you supervised by indicating one of the following areas:

Clinical Psychology ____ Counseling Psychology ____ Industrial/Organizational Psychology ____ School Psychology ____

Other: _____

At the time you supervised the applicant, where was the employment setting: _____

Was the applicant completing his or her practicum, internship, post-doctoral fellowship or employed in the same setting in which the supervision was provided? Yes ___ No ___

If your response is "No," where was the applicant working? _____

Did the applicant have other supervisors? Yes ___ No ___

If "Yes," who were the other supervisors? _____

Section IV.

COMPLETE THIS SECTION ONLY IF YOU ARE ATTESTING TO THE APPLICANT'S PRE-DOCTORAL SUPERVISED EXPERIENCE.

1. Please indicate in which pre-doctoral setting you supervised the applicant.
Internship _____ Residency _____ Assistantship _____ Associateship _____ Practicum _____

2. Please be specific and indicate the dates when you supervised the applicant.
From: _____ To: _____
From: _____ To: _____

3. Was the internship the applicant completed APA accredited? Yes ___ No ___

4. Was the internship the applicant completed a "member" of APPIC? Yes ___ No ___

3. In the setting indicated above, did the applicant complete a minimum of 1,800 hours? Yes ___ No ___

If your response is "NO," exactly how many hours did the applicant complete? _____

4. In the setting indicated above, exactly how many hours of supervision did you provide to the applicant? _____

5. How many hours of supervision did the applicant receive during the entirety of the internship, across all supervisors? _____

6. At the time you supervised the applicant, what was the applicant's title and degree? _____

SKIP TO SECTION VI - UNLESS YOU ARE ALSO ATTESTING TO POST-DOCTORAL SUPERVISION

Section V.

COMPLETE THIS SECTION ONLY IF YOU ARE ATTESTING TO THE APPLICANT'S POSTDOCTORAL SUPERVISED EXPERIENCE.

1. Please indicate your relationship to and in what employment setting you supervised the applicant.
Employer _____ Colleague _____ Other _____
Employment setting: _____
2. Please be specific and indicate the dates when you supervised the applicant.
From: _____ To: _____
From: _____ To: _____
3. In the setting indicated above, exactly how many hours of supervision did you provide to the applicant? _____
4. Did the applicant complete 12 months and at least 1,800 hours of postdoctoral work experience under your direct supervision? Yes ___ No ___
If "NO," exactly how many hours of supervised work experience did the applicant complete? _____
5. Did the applicant complete at least 900 hours of direct psychological services? Yes ___ No ___
Direct psychological service" is defined to mean intake assessment, psychological testing, psychotherapy, and consultation services. Direct Services also include report writing, scoring and analysis and documentation of treatment services.
If "NO", exactly how many hours of direct psychological services did the applicant complete? _____
6. Did the applicant complete at least 180 hours of general or non-clinical psychological services? Yes ___ No ___
"General or non clinical service" may include such activities of applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psycho educational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationships.
If "NO", exactly how many hours of general or non-clinical psychological services did the applicant complete? _____
7. Did you personally provide a minimum of one hour of individual supervision for every 40 hours of the applicant's professional experience? Yes ___ No ___
If "NO", exactly how many hours of supervision did you provide? _____
8. Did you provide a minimum of one hour of supervision for every 20 hours of direct patient or client face to face contact that the applicant provided? Yes ___ No ___
If "NO", exactly how many hours of supervision did you provide? _____
9. At the time you supervised the applicant, had you been licensed/credentialed as a psychologist at least two years? Yes ___ No ___
If "NO," exactly how many years have you been credentialed? _____
10. What is your educational area of emphasis? _____
11. Is your educational area of emphasis consistent with that of the applicant? Yes ___ No ___
12. Did the applicant provide services in the applied emphasis areas of either clinical, counseling, school, or industrial/organization psychology while the applicant was under your supervision? Yes ___ No ___
If "YES," in which applied emphasis area? _____
13. Was at least half of the applicant's supervised experience relevant to the applicant's educational emphasis area? Yes ___ No ___
14. Did you supervise the applicant in an organized public or private setting, institution or organization that provided the applicant an opportunity for contact with other disciplines, and an opportunity to utilize a variety of theories and to work with a broad range of populations and technique? Yes ___ No ___
If "No," in what setting? _____

15. At the time you supervised the applicant, what was the applicant's title and degree?

16. Did you or do you have a familial relationship with the applicant? Yes ___ No ___

17. When you supervised the applicant, were you available to the applicant at the points of decision-making regarding diagnosis and treatment of client or patients? Yes ___ No ___

18. Describe the psychological duties the applicant performed while under your supervision.

19. Was the supervision you provided to the applicant part of your assigned duties in the work setting indicated in #1? Yes ___ No ___

ALL SUPERVISORS COMPLETE SECTION VI.

Section VI.

ALL ATTESTING SUPERVISORS COMPLETE THIS SECTION.

1. Please indicate your evaluation of the applicant by entering the appropriate number in the right hand column. This evaluation should be based on your personal knowledge of the applicant. The evaluation should reflect one of the following:

0 = Unable to evaluate; 1 = Unacceptable; 2 = Below Standard; 3 = Standard; 4 = Above Standard; and 5 = Outstanding.

AREAS

EVALUATION

Clinical knowledge and skills _____

Ability to establish and maintain good inter-professional relations _____

Possession of emotional maturity, stability, and temperamental characteristics required for satisfactory work with clients and patients _____

Understanding of and adherence to approved standards of professional and ethical conduct _____

Personal character: honesty, integrity, and general conduct _____

Reputation among colleagues as a representative of professional psychology _____

Capacity for professional growth and development _____

2. Supervised practice time during which the Supervisor deems the Supervisee's performance to have been unacceptable shall not be credited towards the required supervised practice hours. Please note the total amount, if any, of unacceptable performance time. _____

3. The board will appreciate any amplifying information regarding your evaluation of the applicant. Please include any other information you may consider as relevant.

4. Do you believe the applicant to be of good professional character and worthy to be licensed as a psychologist in the State of Kansas? **Yes** ___ **No** ___
5. I recommend that the applicant be considered for licensure: **without reservation** _____ **with reservation** _____ **OR,**
I do not recommend this applicant be considered for licensure _____
If “**with reservation,**” or “**do not recommend**” please attach a separate page with the reasons for your response.

Section V. Supervisor’s Attestation

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

Supervisors Signature

Date

Complete and return this form to the applicant as soon as possible. The form is to be placed in a an envelope, with your signature across the back flap of the envelope. The applicant is not to open the envelope, but will submit the form to the board office with his or her application materials.

Revised: 8/1/23

This Page is Intentionally Left Blank



APPLICATION FOR LICENSED PSYCHOLOGIST

Postdoctoral Supervision Plan

Instructions for the applicant: Please complete **Section I** and submit to the supervisor for completion. Additional copies of this form may be made and used as needed. Completed Supervisor Attestation forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

Instructions for the supervisor: Please complete the remainder of the form. Place the completed form in an envelope, **sign across the seal** and return to the applicant.

Section 1:

To: (Name of Supervisor) _____

From: (Name of Applicant) _____

I am applying for licensure as a Psychologist in the State of Kansas and am required to provide information in support of that application. This form, bearing my signature, gives my consent and authorization to release any and all information or documents that may be material to an evaluation of my qualifications, competence and merit of public trust.

I authorize the Behavioral Sciences Regulatory Board and its representatives to consult with you regarding my professional competence, character, ethical qualifications, ability to work cooperatively with others and any other qualifications for licensure.

I release from liability any and all individuals, institutions, and organizations who provide information to the Behavioral Sciences Regulatory Board or its representatives, in substantial good faith and without malice, concerning my professional conduct, ethics, character and other qualifications for licensure.

I consent to the inspection by the Behavioral Sciences Regulatory Board and its representatives of all documents that may be material to an evaluation of my qualifications and competence.

Signature of Applicant: _____ **Date:** _____

Section II:

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope to insure confidentiality.

Psychologist Supervisor Definition.

The Kansas administrative regulations [K.A.R. 102-1-1(m)] "Supervision" means the formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, appropriate attitudes, and ethical standards in the practice of psychology. Supervision shall include both general training supervision and individual clinical supervision. A psychologist supervisor, for training purposes means an individual licensed or certified at the doctoral level in that person's state to engage in the practice of psychology, and who has or had, in full or in part, legal, administrative or professional authority over and responsibility for the professional functioning of the applicant."

Note: If you do not qualify to serve as a psychologist supervisor, please alert the applicant.

Section II – To be completed by postdoctoral supervisor

Supervisor Name: _____

Address or Agency Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Title: _____ Degree: _____

License Type and Number: _____ State: _____ Original Issue Date: _____

1. Please indicate the applicant’s major area of professional work you will supervise by indicating one of the following areas:

Clinical Psychology ____ Counseling Psychology ____ Industrial/Organizational Psychology ____ School Psychology ____

Other: _____

2. Employment setting where you will supervise the applicants postdoctoral experience: _____

3. Will the applicant be completing his or her post-doctoral fellowship in the same setting in which supervision will be provided?

Yes ____ No ____

If “No,” where is the applicant working? _____

4. Will the applicant have other supervisors? Yes ____ No ____

If “Yes,” who are the other supervisors? _____

5. Please indicate your relationship to the applicant and in what employment setting you will provide supervision to the applicant.

Employer _____ Colleague _____ Other _____

Employment setting: _____

6. Please be specific and indicate the dates you will supervise the applicant.

Start Date or Expected Start Date: _____

Expected Date of Completion: _____

7. Do you understand the applicant is required to complete 12 months and at least 1,800 hours of postdoctoral work experience?

Yes ____ No ____

8. *Do you understand the applicant is required to complete at least 900 hours of clinical psychological services?

Yes ____ No ____

**Direct psychological service’ is defined to mean intake assessment, psychological testing, and psychotherapy. Direct Services also include report writing, scoring and analysis and documentation of treatment services.*

9. *Do you understand the applicant is required to complete at least 180 hours of general or non-clinical psychological services?

Yes ____ No ____

**General or non clinical services’ may include such activities of applied research, program evaluation, program/personnel consultation, providing supervision, teaching in areas pertinent to clinical practice, assessing public opinions and attitudes, providing psycho educational activities and other activities involving the application of learning, motivation, perception, thinking and emotional relationship.*

10. Will you provide a minimum of one hour of supervision for every 20 hours of direct patient or client face to face contact that the applicant provides? Yes ____ No ____

11. The supervisor for post-doctoral experience must be licensed at the doctoral level in psychology and must have two years experience that includes the clinical practice of psychology after the date of licensure. Do you meet this requirement?

Yes ____ No ____

12. Is your educational area of emphasis consistent with that of the applicant? Yes ____ No ____

13. What is your educational area of emphasis? _____
14. Will the applicant provide services in the applied emphasis areas of either clinical, counseling, school, or industrial/organization psychology while the applicant is under your supervision? Yes ____ No ____
If “YES,” in which applied emphasis area? _____
15. Will at least half of the applicant’s supervised experience be relevant to the applicant’s educational emphasis area? Yes ____ No ____
16. Will you supervise the applicant in an organized public or private setting, institution, or organization that provides the applicant an opportunity for contact with other disciplines, and an opportunity to utilize a variety of theories and to work with a broad range of populations and techniques? Yes ____ No ____
17. What is the applicant’s title and degree? _____
18. Did you or do you have a familial relationship with the applicant? Yes ____ No ____
19. Will you be available to the applicant at the points of decision-making regarding diagnosis and treatment of client or patients? Yes ____ No ____
20. Describe the psychological duties the applicant will perform while under your supervision.

21. Will the supervision you provide to the applicant be part of your assigned duties in the work setting indicated in #1? Yes ____ No ____
22. If the supervisee is already in the process of accruing postdoctoral experience hours, has there been any time that you feel the Supervisee’s performance has been unacceptable? **If so**, please note the total amount of unacceptable performance time.

Section III – Supervisor’s Attestation

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

Supervisors Signature

Date

Complete and return this form to the applicant as soon as possible. The form is to be placed in an envelope, with your signature across the seal of the envelope. The applicant is not to open the envelope, but will submit the form to the board office with his or her application materials.

This Page is Intentionally Left Blank



APPLICATION FOR LICENSED PSYCHOLOGIST
Professional Reference

Instructions for the applicant: Please complete **Section I** and submit to the referencing individuals for completion. Additional copies of this form may be made and used as needed. Completed Professional Reference forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

Instructions for the reference: Please complete **Section II**. Place the completed reference form in an envelope, **sign across the seal** and return to the applicant.

Section 1:

To: (Name of reference) _____

From: (Name of Applicant) _____

I am applying for licensure as a Psychologist in the State of Kansas and am required to provide information in support of that application. This form, bearing my signature, gives my consent and authorization to release any and all information or documents that may be material to an evaluation of my qualifications, competence and merit of public trust.

I authorize the Behavioral Sciences Regulatory Board and its representatives to consult with you regarding my professional competence, character, ethical qualifications, ability to work cooperatively with others and any other qualifications for licensure.

I release from liability any and all individuals, institutions, and organizations who provide information to the Behavioral Sciences Regulatory Board or its representatives, in substantial good faith and without malice, concerning my professional conduct, ethics, character and other qualifications for licensure.

I consent to the inspection by the Behavioral Sciences Regulatory Board and its representatives of all documents that may be material to an evaluation of my qualifications and competence.

Signature of Applicant: _____ **Date:** _____

Section II:

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope to insure confidentiality.

To qualify to serve as a professional reference, the referencing individual must be:

1. Unrelated to the applicant
2. Able to address the applicant's professional conduct, competence and merit of the public trust
3. Licensed as a Psychologist at the doctoral level

Note: If you do not qualify to serve as a professional reference, please alert the applicant.

Professional Reference Information:

Reference Name: _____

Reference Address: _____

Reference Phone: (____) _____ Reference Email: _____

What is the highest psychology degree you earned? _____

Please indicate in which state(s) you are licensed as a psychologist at the doctoral level.

State of Issuance: _____ License Type and Number _____ Expiration Date _____

State of Issuance: _____ License Type and Number _____ Expiration Date _____

Please answer the following questions.

1. What is your relationship to the applicant? Employer; Co-worker; Instructor; Classmate; Friend; or
Other (Describe) _____
2. How long have you known the applicant? Give approximate dates: _____
3. In what work setting(s) have you known the applicant? _____

4. From your contact with the applicant, in what area(s) would you judge the applicant to be technically competent with respect to meeting reasonable standards of the psychology profession? _____

5. Kansas Statutes require that an applicant “Merit the public trust.” Please consider the candidate’s behavior in the following areas: good judgment, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of psychology and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for practicing as a psychologist? Yes No
If your answer is “no”, please elaborate in detail in an attached statement.
6. Are you aware of any significant facts concerning the applicant’s background that would reflect **unfavorably** on the applicant’s character and fitness to practice social work? Yes No
If your answer is “yes”, please state these facts in detail on an attached statement.
7. Do you wish to endorse this applicant for psychology licensure? Yes No
 - a. If you do not endorse this applicant, please explain: _____

 - b. If you answered “Yes,” please indicate whether your endorsement is made without or with reservation.
Without reservation, or With reservation
 - c. If you answered “with reservation,” please explain: _____

8. REMARKS: The board expects that endorsers will have had sufficiently close association with the applicant’s work to comment about the applicant’s ethical and professional qualifications. To the extent possible, your statement will be kept confidential within the board files. If more room is needed, please attach a separate sheet to this form.

Reference’s Attestation: I certify the foregoing answers and information furnished above are given in good faith with the understanding that it will be utilized for purposes of determining the applicant’s ability to practice psychology and merit of the public trust in order to be licensed as a psychologist in the State of Kansas. Any response or information I have provided is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.

Signature: _____ **Date:** _____

Human development

(e.g. advanced child behavior and development, behavioral analysis of child development, psychology of adult personality, gerontology, counseling with adults)

Supporting course(s) _____

Dysfunctional behavior and psychopathology

(e.g. advanced psychopathology)

Supporting course(s) _____

Professional, ethical, legal and quality assurance principles and standards

(e.g. professional and ethical problems in clinical psychology, legal, ethical and professional issues in counseling)

Supporting course(s) _____

Methods of diagnosing or defining problems through psychological assessment and measurement and strategies and techniques of therapeutic intervention or remediation (24 hours over the following two areas):

Assessment and diagnosis (9 hours)

(e.g. theories and methods of assessment and diagnosis, intelligence testing, behavioral and personality assessment in children, theory and construction of personality tests and techniques, psychodiagnostic assessment)

Supporting courses: _____

Therapeutic interventions, consultation and supervision (15 hours)

(e.g. counseling and interviewing skills, theories of group counseling, psychological clinic, practicum, clinical psychotherapy, group therapeutic techniques, psychotherapy with families)

Supporting courses:

TOTAL HOURS CLAIMED TOWARD EDUCATIONAL REQUIREMENT: _____



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

Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov
Laura Kelly, Governor

APPLICATION FOR LICENSED PSYCHOLOGIST

License Verification

INSTRUCTIONS—Kansas psychology licensure applicant.

Please complete Section I of this form and send it directly to the state or jurisdiction where you currently hold, or have you ever held a certificate, registration or license to practice in one of the behavioral or health sciences. If you have been licensed in more than one state or jurisdiction, you may duplicate this form for the number of copies you need for each jurisdiction. *Please be advised that many states and jurisdictions require a fee to provide this information. Be sure to check with the state or jurisdiction to obtain information regarding any fee.*

INSTRUCTIONS—State or Jurisdiction Licensure Board.

Please complete Section II of this form and return it to the Board office.

SECTION I. KANSAS LICENSURE APPLICANT COMPLETES THIS SECTION.

Current Name: _____				
Name under which your license was issued (if different) _____				
Current Address: _____				
Street	City	State	Zip	
Daytime phone number: (____) _____		Fax number (____) _____		
SSN: ____/____/____		DOB: ____/____/____		

SECTION II. STATE/JURISDICTION LICENSURE BOARD COMPLETES THIS SECTION.

This is to certify that the records of this office indicate that the above listed individual was issued a license as a _____ by the State/Jurisdiction of _____.

License/Certificate Number _____ was issued on ____/____/____ and will expire/has expired on ____/____/____.

This individual was licensed by: Examination; Reciprocity; Grandfathered/Grandparented;
or Other _____.

If licensed by examination, please provide the following information.

Exam date: _____ State or jurisdiction where exam administered _____

EPPP Form Number: _____ Candidate I.D. # _____

Applicant's raw score: _____ Applicant's percentage score _____%.

Is license in good standing? Yes ___ No _____. If "No," please state reason _____

Has license ever been revoked, suspended, limited, or subject to other disciplinary action? Yes ____ No _____.
If "Yes," please state reason and provide information, including copies of any disciplinary orders or agreements.

Are there any pending complaints or actions? Yes ____ No ____
Is "Yes," please provide additional information.

AFFIX BOARD SEAL

Printed Name of Person Completing Form

Signature of Person Completing Form

Title

Date

Appendix A

Payment Instructions

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check:

- (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 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 payment to the BSRB office by mail using a check, cash, or a money order may send the payment with their application to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603.

Please submit payment upon mailing your application if you are using the online payment portal.