

Information for Reinstatement of Addiction Counselor Licenses

If an addiction counselor 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 Persons who allow their license to lapse 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 if licensed at the masters or clinical level, 3 hours of Diagnosis and Treatment of a substance use disorder. This continuing education must meet all current continuing education requirements, and focus on addiction 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 Addiction Counselors license
- If you have completed all the 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 www.ksbsrb.ks.gov for further information.



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David B. Fye, JD, Executive Director

Laura Kelly, Governor

APPLICATION FOR REINSTATEMENT OF LAC, LMAC, AND LCAC LICENSE

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

LAC	\$100.00	\$50.00 for late renewal, and \$50.00 for reinstatement of license,
LMAC	\$150.00	\$75.00 for late renewal, and \$75.00 for reinstatement of license,
LCAC	\$200.00	\$100.00 for late renewal, and \$100.00 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

Are you applying for a reinstatement temporary license: Yes _____ No _____ If yes, please pay the \$25 fee.

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 #: () _____

Length of Employment _____ Have you been continuously employed? _____

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

Yes _____ No _____

If yes, name of supervisor _____

Please explain why you allowed your addiction counseling 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 REINSTATEMENT.

1. Have you been convicted of a felony since your last renewal?
Yes _____ No _____ **If yes, submit the [Conviction Packet](#)**
2. Have you been convicted of a misdemeanor crime against persons since your last renewal?
Yes _____ No _____ **If yes, submit the [Conviction Packet](#)**
3. Have you been accused of unethical behavior or unprofessional conduct 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. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal?
Yes _____ No _____
6. Have you been rejected for membership in a professional organization since your last renewal?
Yes _____ No _____
7. Has your membership in a professional organization been revoked since your last renewal?
Yes _____ No _____
8. Have you been censured by a professional organization of which you were a member since your last renewal?
Yes _____ No _____
9. Has your license, granted by this state or any other state for the practice of addiction 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 _____
10. Do you engage in the practice of addiction counseling outside of a state-licensed or certified alcohol and other drug treatment program or a program which is exempt for licensure under subsection (m) of K.S.A. 59-29B46?
Yes _____ No _____
11. Are you currently offering service in private practice in Kansas without supervision?
Yes _____ No _____
12. Since your addiction counseling license expired, have you practiced in Kansas as an addiction counselor?
Yes _____ No _____
13. Since your license expired, have you represented yourself in Kansas as an addiction counselor?
Yes _____ No _____
14. Since your addiction counseling license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for addiction 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 addiction 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, and to practice as an addiction counselor 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 _____

